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## EDITORIAL COMMENT

### A FAIR AFFILIATION BETWEEN SCHOOLS OF NURSING

The subject of affiliation in our schools of nursing will be read with interest in the Department of Hospital and Training School Administration. Unquestionably this custom of affiliation between schools is one of the most progressive steps that has been brought about by state registration.

There always has seemed to us to be a little unfairness in the way this plan works out, as the small schools are obliged to secure pupils enough not only to carry on their own work in the hospital, but to enable them to release their members in groups to be sent to the larger schools. We believe it would be a great improvement if, instead of an affiliation where the small school sends its pupils on to the large schools, we could work out a plan for an even exchange of pupils between the large and small schools. We believe it would be as great an advantage to the pupils of the very large hospitals to spend some weeks in a smaller general hospital and in the hospitals for the insane, as it is for the pupils of those two groups of institutions to have the experience of the very large schools. This would lead to much greater professional cordiality between the two groups than has ever existed.

A practical working knowledge of the tremendous importance and value of the small hospitals and schools in the communities where they are located, would be a very great benefit to the women who have entered the large schools. A closer relationship can and should exist in the small schools between the administrative staff and the student body.

In such an exchange of pupils between general hospitals and those for the mentally ill, the professional advantage would be, in our judgment, inestimable, and the standard of nursing care in the state hospitals would be raised. With the right kind of state inspection of all training schools, we believe such interchange of students should be brought about.

Of course we know that this would not be altogether a popular movement, but some of our most difficult achievements have not been popular in the beginning. What we are looking toward is a great group of professional women whose training fits them to care, not only for the physically ill, but the mentally ill. Such a plan can only be worked out by groups of hospital officials, both large and small, who are equally interested in the highest type of education for all nurses, and it would divide the task of obtaining sufficient numbers of student nurses equally between the large and small schools.

#### A MEMORIAL TO CANADIAN NURSING SISTERS

A memorial tablet to Nursing Sisters of the Ontario Military Hospital who gave their lives in service was unveiled in the Parliament Buildings of Toronto on March 29. The tablet is a brass plate on which is engraved the names of the Sisters who died, and the place of their death. It is placed on the north outer wall of the Legislative Chamber, close to the entrance door, where it will be seen in time to come by all who pass there. The date of the unveiling marked the fourth anniversary of the departure of the unit for war service, and was the occasion of the gathering together of all the cabinet ministers, many clergymen and military officers, and a large number of women, including some nurses. Rev. Dr. Cody made the address, giving short biographical sketches of the life of each nurse who is commemorated by the tablet. It was erected by the Matron and Nursing Sisters of the unit.

#### HOW TO BE ABLE TO READ THE "JOURNAL" AT YOUR LOCAL PUBLIC LIBRARY

Public libraries do not subscribe for magazines unless there is some demand created for them. We sometimes have nurses ask the question why the *Journal* is not found in their library magazine room, and we take this way of informing readers that the way to create a demand is for nurses to go into the library and to ask why the *Journal* is not on their shelves. In the earlier days of the *Journal*, we tried to send complimentary copies to the leading libraries of the country, but we soon found this was an item of expense which we were not justified in continuing.

#### A MESSAGE FROM THE VOLUNTEER CONVENTION

At the time of the Student Volunteer Convention at Des Moines the request was made by some of the nurses present that from time to time announcements be made through this magazine of the opportunities for work in the foreign field. We have always given this



kind of publicity at the request of the different foreign mission boards, and we are glad to extend the same courtesy to the Student Volunteer movement.

At the following hospitals there is urgent need for trained nurses:

The American Hospital, Konia, Asia Minor.

Canton Hospital, Canton, China.

Hackett Medical College and Hospital, Canton, China.

The Woman's Foreign Mission Society of the Evangelical Association for its Mission in China.

The Woman's American Baptist Foreign Mission Society: one nurse for the Belgian Congo, two for Burma and two for China.

The Foreign Mission Board of the Methodist Episcopal Church for its missions in India and Malaysia.

The first two hospitals are under undenominational management and members of any Protestant church are welcomed as candidates. The Hackett Medical College is a Presbyterian Mission, but receives students from schools of all the other denominations in that vicinity and will welcome a trained nurse of any Protestant church not needed by her own Mission Board. The rules of the Methodist and Baptist Boards require candidates to be or become members of their respective churches to be eligible for appointment to their foreign mission work, but the Evangelical Association will consider anyone who would work comfortably in one of its mission stations.

In every instance a nurse who is a graduate of a first class training school is needed, with executive ability, capable of training the native nurses. If she had had or could take a special course in a Bible Training School, it would be an advantage, but at least she should be in fullest sympathy with the evangelistic aims of the hospital.

#### PROGRESS OF STATE REGISTRATION

The amendment to the Nurse Practice Act of New York State has passed both the Senate and the Assembly. The successful passage of this amendment, we believe, marks an era in nursing progress, quite as much as the passage of the original Nurse Practice Act in New York in 1903. This bill was published in the January issue of the *Journal* in response to a great many requests from all parts of the country and Canada to know what the plan for the training of attendants was in New York.

Of course there have been amendments, some of them accepted with great reluctance by the nurses called in consultation in this matter, but it is considered that even with some undesirable

conditions the gain has been considerable for the nursing standards of the state.

Passage of this bill, after six or seven unsuccessful attempts to amend the original law, has been a great legislative achievement, and we are proud to announce that it was led by the youngest member of our editorial staff, Alice Shepard Gilman. It is not certain at this writing that the bill will be signed by the Governor.

#### A WARNING TO SUBSCRIBERS

It has been our custom in the past to give our subscribers ample notice to renew their subscriptions in time to give us assurance that all *Journals* printed were going to be needed. Two notices have been sent in advance of the period of expiration, and after that, when the subscription has really expired, we have sent a third notice. This means labor, stationery and postage, and frequently a waste of *Journals*, and with the increased cost of production we are now obliged to give greater consideration to these small items of expense than formerly.

Hereafter, when a renewal is not received by the 15th of the month following the first notice, the subscriber will be more than likely to lose the next number. For the present, we shall make no attempt to supply delinquent subscribers who are three or four months behind in sending in their renewals.

#### WORD FROM THE CONVENTION

As we close our pages, a telegram from Atlanta announces the officers who have been elected for the three national societies. In the American Nurses' Association the president, secretary and treasurer are reelected. The new directors are Misses Ott, Van de Vrede, Eldredge and Golding. In the League for Nursing Education: President, Anna Jamme, of California; vice-presidents, Louise M. Powell and Isabel M. Stewart; secretary, Alice Flash; treasurer, Bena Henderson. The National Organization for Public Health Nurses: President, Edna L. Foley; vice-presidents, Elizabeth Fox and Jessie Marriner, of Alabama; secretary, Olive Chapman, of Colorado.

It was voted to establish Central Headquarters in New York City, but no definite provision was agreed upon for financing it.

## THE LATER ACTIVITIES OF FLORENCE NIGHTINGALE

BY ELISABETH ROBINSON SCOVIL

The 12th of May, 1920, is the hundredth anniversary of the birth of Florence Nightingale.

Her father was an English country gentleman, whose name originally was Shore, but who changed it on inheriting the property of an uncle, Peter Nightingale, of Lea, in the beautiful county of Derbyshire. He and his wife were traveling in Italy at the time of Florence's birth, and she was named after her native city. The Villa Colombia, near the Porta Romana in Florence, bears a tablet commemorating the fact that Florence Nightingale was born there.

Her biographer says of her, "The popular imagination pictures Florence Nightingale at Scutari and in the Crimea as the ministering angel. And such in very truth she was. But the deeper significance of her work in the Crimean War lies elsewhere. It was as Administrator and Reformer, more than as angel, that she showed her peculiar powers. Queen Victoria, with native shrewdness and a touch of humor, hit off the truth about Miss Nightingale's services in the Crimea in concise words: 'Such a clear head. I wish we had her at the War Office.'"

In a letter to me, written in May, 1897, she says, "And now, work increasing every month, and every year, I have not (and have not had) five minutes' leisure to myself to finish this note." What was the work that she found so engrossing and so imperative in its demands? She returned from the Crimea in 1856, when she was thirty-six years old, and she lived to be ninety, in 1910. What were the activities that filled these years? Her health was so impaired by her work during the war that she was for fifty-two years an invalid, and for many of the later years of her life, confined to bed. It was here that I saw her in each of the three never to be forgotten visits which I was permitted to pay her.

To quote again from her biographer: "From a sick room in the west end of London Miss Nightingale played a part—and a much larger part than could be known without access to her papers—in reforming the sanitary administration of the British army, in reconstructing hospitals throughout the world, in founding the modern art of nursing, in setting up a sanitary administration in India, and in promoting various other reforms in that country. \* \* \* It would be a mistake to regard Miss Nightingale's mission in the Crimean War

either as the summit of her attainment, or the fulfillment of her life. Rather it was a starting point."

When she returned from the East she needed a long rest. Had she taken it then, she might have been spared the years of invalidism that followed. She was worn out with overwork and anxiety, but instead of taking up some comparatively easy nursing work she set herself to the difficult task of bringing about reforms that would improve the health conditions in the army.

In a letter to a friend, written in 1857, she says: "I have had to see my children (the soldiers) dressed in a dirty blanket and an old pair of regimental trousers, and to see them fed on raw salt meat, and nine thousand of my children are lying, from causes which might have been prevented, in their forgotten graves. But I can never forget. People must have seen that long, long dreadful winter to know what it was." During the first seven months of the Crimean campaign, the mortality among the troops was 60 per cent. per annum from disease alone. Contrast that with the records of the war just ended, and see the results of the work that Florence Nightingale began.

After incredible labor on her part, a Royal Commission was appointed to examine into the state of affairs. Netley Hospital, the first great military hospital, was built, an army sanitary committee appointed, and an army medical school established. A general military hospital was built at Woolich after Miss Nightingale's plan, and a Mrs. Shaw Stewart, one of her helpers in the Crimea, was appointed superintendent of army nurses.

What the standing of nurses was at this time is illustrated by answers to questions sent out and printed in 1855. A doctor in the north writes: "If I can but obtain a sober set, it is as much as I can hope for." Another doctor said: "I always engage them without character, as no respectable person would undertake so disagreeable an office. The duties they have to perform are most unpleasant, and it is little wonder that many of them drink, as they require something to keep up the stimulus."

Florence Nightingale "made public opinion perceive and act upon the perception, that nursing was an art and must be raised to the status of a trained profession."

When the Civil War began in the United States, she was consulted by the Secretary of War at Washington, and when the British Government decided to send reinforcements to Canada, her advice was asked as to sanitary arrangements generally. She grappled with the problems presented to her, and spent much time and thought and an enormous amount of effort on them.



It was she who obtained the appointment of a Royal Sanitary Commission to do for the armies in India what had been done for the army at home. The Indian mutiny had filled her mind with thoughts of pity and reform on behalf of the British soldiers in India. For years this was one of her chief occupations, and she accomplished much.

In the European war of 1866, her expert advice was sought by both sides. The Crown Princess of Prussia, the mother of the Kaiser, once the Princess Royal of England, and Princess Alice of Hesse Darmstadt, both daughters of Queen Victoria, wrote to her for instructions about the work in war hospitals. They were on opposite sides, as Hesse Darmstadt had thrown in its lot with Austria, but they were one in their reliance on this chief authority in all nursing matters.

In 1861, it was desired to introduce a system of district nursing amongst the poor in Liverpool. There were no trained nurses to be had anywhere, so William Rathbone, a philanthropist who began the movement, consulted Miss Nightingale. At her suggestion he built a training school and home for nurses. Later trained nurses were introduced into the Liverpool Workhouse Infirmary. From this time on she was the prime mover in the remedial legislation which revolutionized the management of workhouse infirmaries. In 1897, the employment of pauper nurses in any workhouse was forbidden, and the training of the paid nurses continuously improved.

All of this involved an enormous correspondence and the writing of many documents, long consultations with her helpers and much cutting of red tape. She was the adviser-general on hospitals and nursing, and yet she was a confirmed invalid, unable at times to leave her bed.

She constantly supervised the Nightingale Training School for Nurses which she had founded in St. Thomas' Hospital, London; wrote addresses to the probationers and kept in close touch with the graduates. She was a friend and correspondent of many eminent men and women. Her interest in army affairs was unflagging; whether it was the barracks at Hong Kong or the cantonments in India, her advice was asked and valued.

She was unable to take any active part in sending out nurses to South Africa during the Boer War, 1899. The end of her activities was drawing near. A little later her eyesight failed. After 1902, she could only read or write with the greatest difficulty. She still liked, as she said, "to hear of good practical action by others." She was never tired of hearing some pages in Mr. Roosevelt's *Strenuous Life*, and would show her approval by rapping energetically on the table beside her.

She did not take kindly to the introduction of a nurse. Sometimes when she had been tucked up for the night, she would get out of bed and tuck the nurse up.

In 1907, King Edward conferred upon her the Order of Merit, and the next year she was presented with the Freedom of the City of London. These honors came too late to give her much pleasure; she only understood that some kindness had been shown her.

In May, 1910, at a large gathering in Carnegie Hall, New York, Mr. Choate testified to the admiration of the entire American people for Florence Nightingale's great record and noble life. Three months afterwards, on August 13th, she fell asleep at noon and did not wake again.

She might have been buried in Westminster Abbey, but in accordance with her own wish she was laid in the churchyard of her old home, East Wellow, in Hampshire.

On one side of the family monument is a small cross with the letters F. N., Born 1820. Died 1910. As she desired, she has not even a separate memorial there. "Her works do follow her."

One of her many memorials is a magnificent statue erected by the city of London, not to the Reformer and the Administrator, but to the Nurse and Woman.

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#### SELF-GOVERNMENT BY THE PHILADELPHIA HOSPITAL TRAINING SCHOOL

On February 2, 1920, final steps were taken by the nurses of the Philadelphia General Hospital in adopting student government. Six months previous to this, the majority of the students had in the various class meetings signified their desire to live under the new system. Committees appointed for the purpose formulated the constitution and by-laws, nominated officers and arranged and held the election. At a mass meeting attended by all the residents of the nurses' home the constitution and by-laws were adopted, and the control of the residence life of the students was formally surrendered to them by the chief nurse of the hospital, S. Lillian Clayton. The new regulations vary in few particulars from the former provisions. Under the Proctor system, order and neatness are maintained in the home. Discipline is administered by a Student Council composed of the association officers: president, vice-president, secretary, treasurer, house president, and one representative chosen from each class.

## NURSING CARE FOLLOWING OPERATIONS ON SPINAL CORD AND BRAIN

BY G. M. DWYER, R.N.

*Supervisor of Nurses, Neurological Institute, New York*

This paper is based on observation of cases during the past eight years at the Neurological Institute of New York. It is essential that nurses desiring to specialize in this work should have had previously a good general surgical training and we would advise also a special study of the anatomy and physiology of the brain and spinal cord.

When one has mastered the art of making the patient comfortable, turning him with the least possible discomfort,—not allowing pressure sores to develop, she will find these cases intensely interesting. I know of nothing more like a "miracle" than the improvement, following the removal of a tumor from the spinal cord. Possibly the patient has been unable to walk for months or weeks or has been able to walk with a great deal of difficulty, owing to weakness or spasticity of the limbs. The first signs of returning sensation, the first movements of toes or fingers, are certainly gratifying results.

*General Preparation for Spinal Cord Operation:* Cathartic at bedtime; enema in the morning; a light breakfast of toast and coffee, if the operation does not take place until afternoon,—if earlier, no breakfast.

*Local Preparation:* Shave the spine if necessary and if the incision is to be in the lumbar region, shave around the anus. After the patient is on the table, give a final scrubbing with alcohol, ether, and paint with iodine.

*Dressings:* We usually protect dressing of gauze with a folded towel and rubber tissue strapped on with broad bands of adhesive, particularly if the incision is in the lower dorsal or lumbar region. We also use a straight abdominal binder, in preference to a bandage around the body, as it is more easily adjusted should the patient suffer from distension, as they frequently do in these cases. The patient is then wrapped in hot blankets, removed to the ward, and placed on an air or water bed, flat on his back, with one pillow under his head until he has reacted from the ether. If the site of operation has been in the upper cervical region, the head is immobilized by a splint and sand bags for some days. The patient should not be turned for the first eighteen to twenty-four hours, but should be carefully raised from the bed for rubbing and powdering of buttocks and lower spine. A very tight draw sheet, allowing no wrinkles to develop under

the patient, should be used and care should be taken that crumbs do not remain in the bed. Hot water bottles are *never* used. Blankets are heated and changed at intervals should the patient show symptoms of shock. Murphy drip is frequently given (unless the patient has paralysis of the rectum) should the patient's condition warrant it. (Normal saline at a temperature of 110 degrees, given very slowly, per rectum, until the condition improves.) The pulse and respiration are watched carefully. These patients are very likely to develop pressure sores if utmost care is not given. We believe that if given proper care these will not develop.

After the first twenty-four hours, the patient may be carefully turned from side to side, the back being always carefully supported with hair pillows from the back of the neck to below the waist line. In cases where the patient is much emaciated, we have even turned them over on the abdomen a few days after operation. Frequent massaging of the back, buttocks, and lower limbs is necessary. Merely rubbing the surface with alcohol, and powdering, are not sufficient. These patients frequently have loss of sensation and poor circulation. Every time one is turned, he should be rubbed vigorously with the palm of the hand and alcohol, and powder applied; occasionally an oil rub is beneficial, as the skin becomes very dry from the application of alcohol. In the protection of the heels, we have found that raising the limbs on pillows from the ankles up, and allowing the feet to hang over, is preferable to the small rubber or cotton rings which are very difficult to keep in position. For drop foot, we have found that a light bedroom slipper with flexible leather sole and a proper adjustment of straps and buckles to keep the foot in position is very comfortable and practical. The right angle splints are a little more likely to cause pressure sores and are much more trouble to adjust.

Nurses should always bear in mind the fact that it is much easier to allow a pressure sore to develop than to heal it after it has developed; besides it lessens the patient's chances of recovery. We have seen them develop over night, because the patient's position had not been changed, or the back rubbed, and weeks of care did not cause it to heal. For the same reason hot water bottles are not used with these cases. They are very easily burned, owing to loss of sensation, and these burns will oftentimes not heal and will develop into ulcers. Hypodermics should not be given in paralyzed limbs.

Many of these spinal cord cases suffer extremely from distension, especially if the site of operation is in the lower dorsal region. Owing to the handling of the cord and the consequent shock to the nervous system, peristalsis apparently ceases for a time and distension, discomfort, and often even vomiting develop. Apparently the trouble is



situated so high up in the intestine that the passage of a rectal tube, enemata, etc., give but temporary relief. Doses of pituitrin have proved beneficial and morphine, enough to make the patient as comfortable as possible for the time being. Usually after the patient has had his cathartic and, on the third or fourth day, has resumed a light diet, the trouble disappears. Usually it is necessary to catheterize these cases for some days or they are incontinent. If incontinent, one should ascertain if the bladder is being emptied, as oftentimes it is merely an overflow.

Cystitis frequently develops, even with the greatest care in catheterization, but usually clears up on bladder irrigations of saturated solution of boric acid followed by two drams of argyrol, 10 to 20 per cent., left in the bladder. Urotropin is given, not only for its effect on the urinary tract which is depressed and irritated by the action of ether, but for its supposed antiseptic property in the cerebro-spinal fluid. High colonic irrigations have been found beneficial for incontinence of feces. There is a dressing and removal of sutures in about ten days after operation. Spinal cord cases are rarely out of bed before the end of the second or third week.

*General Preparation of Patient for Brain Operation:* A cathartic is given at bedtime, an enema in the morning, light breakfast of toast and coffee if the operation is to be performed in the afternoon; if earlier, no breakfast.

*Local Preparation:* Shaving of entire head for male patient; for female, only the area of operation as designated by the surgeon. Frequently, if the patient is much worried about the surgical procedure, the shaving is done in the operating room while he is under ether. When he has been placed on the operation table, the area of operation is scrubbed with alcohol, ether, and painted with iodine. Ordinarily these cases take a small amount of ether due, not only to the shock of removal of bone but to pressure within the skull, so that one rarely has the prolonged nausea following, that one would ordinarily expect after operation.

*Dressing on Brain Cases:* We usually reinforce the usual compresses, gauze roller, and bandage, with a starch bandage which is put on wet and as it dries shrinks considerably, exerting some pressure and keeping the dressings intact. We have found this very practical, especially with restless cases and with patients who did not have special nurses and were likely to try and remove the dressings during delirium.

*Removal from Operation Room:* The patient is wrapped in hot blankets, removed to the ward and placed in bed with at least two pillows under the head, the upper pillow being protected by a rubber

pillow slip. If there is evidence of considerable oozing from the wound, we use more pillows or elevate the head of the bed with shock blocks. The room is kept warm, with ventilation to ensure a sufficient supply of fresh air, and with the bed screened from all possible draughts. Hot water bottles are *never* used. Blankets are heated at intervals and are changed, should the patient show evidence of shock. A Murphy drip of normal saline, per rectum, at a temperature of 110 degrees is given very slowly until the condition improves. Pulse and respiration should be watched very carefully. Symptoms of a bleeding vessel within the skull which will only rise to serious symptoms in the course of hours, when the surgeon may be absent, should be watched for closely and immediately reported, as surgical procedure may be necessary. In this case the drowsiness and stupor gradually deepen into coma, the patient cannot be roused by shaking or speaking loudly to him, touching the cornea does not produce defensive winking, his breathing becomes stertorous and accompanied by puffing of the cheeks on each expiration, his temperature rises and the pulse is slow and bounding. If symptoms persist, it will soon be noticed that there is a paralysis of arm or leg.

The recognition and recording of new symptoms is essential; any slight twitchings of the face, fingers, limbs, may mean much to the surgeon in locating the trouble; convulsions, the onset, first twitchings noticed in corner of mouth or eye or finger, as the case may be, the spread of the convulsions to other parts of the body, whether the patient was conscious or not during the attack, or incontinent; any paralysis, facial or otherwise, ptosis of the eye or bulging of an eyeball.

Perhaps in no branch of medicine can a nurse be so helpful to a physician as in the care of brain cases. I want to impress upon my readers the absolute necessity of observing carefully each patient, in order that no transient incident of the illness may be lost to the physician in charge. Be no longer automatons, "mere makers of beds and dispensers of drugs," but active allies of the medical profession, keenly alive to the changes taking place in your patients. The clue in any case may be a fleeting description, a temporary weakness in a limb, a slight convulsion, a sensation of tingling in the hand or foot, a blurring of vision, a transient diplopia, a change in the mental state, irrelevant remarks, etc. These apparently insignificant things must be recorded and reported. Unless you are alive to their vital importance you may give scant attention and fail to describe them at all or do so in such a manner as to nullify the value of the report. State *facts* and not conclusions or inferences. A paralyzed limb is usually flaccid at first but later becomes stiff, and the forced immobility of the great joints frequently results in the formation of secondary

adhesions which constitute one of the greatest barriers to the patient's recovery. To guard against these, the nurses should make a practice of carrying out passive movements on all joints of the affected side, for fifteen minutes, three times daily.

Post-operative care of trigeminal neuralgia cases is the same as in any other brain operation, with the exception that the eye on the affected side is covered with a shield for two weeks. We use the simple vaccination shield for this purpose and find it quite satisfactory. This can be removed and the eye carefully washed with boric acid.

*Drugs Given:* One has to be extremely careful in the administration of morphine, especially either following or preceding operations on the cerebellum, tumors in the pontine angle or high cervical cord, on account of possible interference with or depression of the respiratory centre. Atropin should always be given with morphine, if necessary to use even a very small dose. Urotropin is given as a routine measure. Catheterization is not often necessary after the first day or two. A cathartic is given about the third day, and the patient is put on soft diet, if there is no elevation of temperature. Light diet may be resumed two days later, and the patient is allowed to sit up in bed by the end of the first week. The wound is dressed and sutures removed, on the sixth or seventh day.

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## STATE EXAMINATIONS<sup>1</sup>

BY GRACE H. CAMERON, R.N.

To most of us examinations have always meant a mental and nervous strain, which often reached such proportions that the effort to think connectedly was a lost hope. The students of to-day experience that same feeling of helpless despair. Why is this a fearful thing? College students are nervous over examinations, but in a different way—they seem to fear they may not do their absolute best, rather than fear failure. Why is there, speaking in general terms, this difference?

It would seem that in nursing work, in three years' time, with daily practical application of all studies, with a routine that has become almost mechanical, there would be less dread than in any other profession or trade.

We all know that nurse training schools have advanced in every way with a wonderful rapidity. The training of twenty years ago cannot in one little item be compared to the teaching of to-day, and

<sup>1</sup>Read at a meeting of the Rochester League of Nursing Education.

yet our teaching must fall short if we do not make the pupils see the work as an important life work, and consequently of such intense interest that she knows her theory and methods, and *knows* that she knows them.

A cook, for example, who has cooked for three years, knows she can have a successful baking. Why may not a nurse be as confident of her practical work? Why can she not wash a patient's face with perfect assurance, and with comfort to the patient? Or make a bed,—a plain, ordinary, every-day bed; or gather together the articles necessary for a baby's bath; or know which is the stronger solution—one-twentieth or a ten per cent.; or be able to give  $1/25$  of a grain of strychnine sulphate, for instance, when the tablets she has are  $1/60$ th of a grain; or know how to get a patient out of bed into a chair? These are simple procedures for any hospital student to demonstrate, and they are a type of the questions asked in the practical examinations of the State. And yet, there is positively no exaggeration in saying that only one in five has everything ready for a face bath.

By actual time, a pupil in the examining room took a full half-hour to make an ordinary hospital bed; another one, twenty minutes; almost never is it completed under ten minutes. The candidate is so nervous that any effort to make her hurry would result in complete failure. Always three or four articles are missing in any collection asked for.

On one examination, the candidates were asked to arrange in order of their strength, six bottles marked  $1/1000$ , 3%, 2%, 5%,  $1/20$ ; and "normal saline." Out of thirty who were given this question, there were but four correct answers! The bottles marked 5% and  $1/20$  were placed, usually, as far from one another as possible, and "normal saline" was set in any place, or not used at all "because it has no percentage." In the tablet question named above, only two of the thirty questioned commenced the problem by using three tablets of the gr.  $1/60$ , and one girl said it was not possible to give a twenty-fifth of a grain if the only tablets one had were gr.  $1/60$ . The examiner was always careful to state, in the question, that there was a *box full* of tablets.

That pupils are not conversant with the nursing problems of the day, is painfully disclosed at every examination. It is almost impossible to select a subject of nursing interest, or otherwise, and obtain intelligent answers. This was noticeably true at the time of the Red Cross drive. Many nurses, coming up for a state certificate, said they knew nothing of Red Cross work.

A question asked about the *American Journal of Nursing*, brought forth only blank looks, and the statement that nothing was known



about such a magazine. Possibly a half dozen knew where it was published and who edited it,—and this is the official nursing magazine! One candidate said that all she knew about it was that it had a green cover.

It would seem that nurses should be conversant with topics of current interest in the nursing world, and should learn to discuss them and express an intelligent opinion. Can you believe that one candidate stated, in a 1919 examination, that she had never heard of Jane A. Delano? And hardly one could tell more than the bare fact that she had something to do with Red Cross work. A few said she had recently died.

We feel very strongly that it is desirable to have some such questions for their stimulating effect, and to enable the examiner to judge of the personality, appearance and general intelligence of the pupil. But we cannot justly "fail" a candidate on these questions, for, after all, we are passing on her practical work and not on whether she knows anything of the Lewis-Raker bill, or the advisability of training attendants, however desirable it may be for her to obtain information on those points.

Pupils do not think rapidly in either the oral or written examinations. They do not intelligently read or hear the question. There is a lack of comprehension. Oftentimes the answers show that the pupil does not know English. The following answers, collected from recent examination papers, will show this lack of thought, carelessness on reading, and a misunderstanding of the meaning of the question. A general criticism of our pupils is that they are inarticulate. Answers are given that consist of a lot of words which the pupils have remembered, but which do not make good sense, as the following two answers illustrate:

1. "The object and advantages of incubation is that the child is not properly developed and a premature child usually is in the seventh month. Therefore to keep the life there the child is kept in an incubator until it is fully developed and also has more strength."

2. "A chemical antidote is one that acts on another agent which has been used on an object or substance in the proper manner for which it has been administered."

An analysis of the failures in Dietetics suggests that the pupils do not have enough of the underlying science of chemistry to have an intelligent idea of the subject. For example, a question which called for elements was answered by giving compounds. Another question which called for enzymes was answered by giving digestive fluids.

3. Define Pasteurized Milk. Ans. Pasteurized milk is milk obtained from a herd of cows turned out to pasture.

4. What is the diet for a child with rickets? Ans. Give child plenty of water, as it contains a high percentage of mineral matter.

5. Give a recipe for oatmeal gruel. Ans. Dissolve the required amount of oatmeal in a sufficient quantity of water and cook for the proper length of time. Then strain and dilute with milk if necessary. (A very clever answer, but indefinite.)

6. How is junket made? Ans. Dissolve a rennet tablet in a pail of milk. Then boil and set on ice until it junks. (This is a good example of the failure on the part of the nurse to understand the chemical action of rennet; also to think.)

7. Name two systems of weights and measures. Ans. Adipose and troy; metric and polemenic. "Apothecaries" was spelled in a hundred different ways.

8. An antidote is a drug which produces sleep.

9. An anesthetic is a drug that has two meanings.

10. Bushels and pecks are given as liquid measure.

11. Lime; epsom salts; phosphorus; proteids; carbohydrates and fats; roots, seeds and leaves, have all been given as animal products used in medicine.

12. In obstetric nursing are found really absurd answers. The placenta is anything from "a hollow, muscular organ" to "a solid body of tissue, bloodvessels and nerves." We are told that "infection is due to poor sepsis."

13. Vivisection is given as a major obstetrical operation and "sycerian insecton" is another. Some children are troubled with "depression of urine." One of the disorders of early infancy was death.

14. Flabitis; optopic destation and inchephalatrypey are given as disorders of pregnancy.

These are but a few of the answers that show carelessness, lack of thought, lack of education, poor training, and ignorance. Where lies the trouble? In the hospital? Not enough nurses? Too long hours? Is it the instructor? Is she too busy? Is it because she has no definite plan; no clear outline of work? Is the trouble altogether with the pupil?—that she has no ideal, no reverence, no respect? For these three deficiencies, taken together, show a complete misunderstanding of the meaning of service in its highest sense.

We must all realize that to-day the nurse training school is an educational institution. We must plan to give more time to instruction, and leave much of the work now being done by the student nurse to others who are not in training. We must have more pupils. If the work is less arduous from a physical standpoint, the young women will be attracted to this splendid profession.

We must have the eight-hour day or an equivalent,—that is, shorter hours of physical labor. The pupils must have time for study, time for proper recreation and rest. We must have competent instructors who can inspire the pupil to work, and who have real knowledge to impart. They must have an adequate equipment and time for arranging work, so that interest may be aroused. There must be, too, a comfortable, home-like place in which to live and where the pupil may find amusement, rest, and restoration of fagged mental and physical powers. Thus we shall give our pupils a training that will show them the high ideals of service. We shall send out women with vision, who can see the great things ahead, who are unafraid, and competent to plan for the future.

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## SOUPS FOR THE SICK

BY ALICE URQUHART FEWELL

*Philadelphia, Pa.*

Soup is an important form of food for the sick, and one of our chief stand-bys in administering a liquid and convalescent diet. Soups are of two kinds, those made from an infusion of meat flavored with various condiments, and those made from milk flavored with vegetables and cereals.

Meat soups for the sick are made from beef, mutton, and chicken. Oysters and clams are frequently used for this purpose, and make a delicate and easily digested broth. Beef, mutton, and chicken broths are made from meat and bone cooked in water in such a manner that the largest possible amount of nutriment is extracted. The meat should be cut in small pieces so that a large surface is exposed, and should be soaked in the cold water before heating. One pint of cold water to one pound of meat is a good proportion for broths. The proportion between meat and bone should be about two-thirds meat to one-third of bone and fat mixed. From the lean meat is extracted the soluble juices, extractives, and salts; from the bone, gelatin and mineral matter. Part of the fat is absorbed by the broth during the cooking process, and the remainder is removed when the soup is cold.

The cooking must be a long, slow process, and the broth should simmer gently but never boil. All broth should be cooked for four or five hours. When removed from the fire it must be strained, cooled quickly, and then allowed to stand until of a jelly-like consistency, when the hard cake of fat on top is easily removed. Reheat the soup in a double boiler and strain through cheese cloth before serving.

Broths for the invalid should not be highly seasoned with condiments,—salt, with a small quantity of pepper being sufficient. The seasoning may be added when the broth is about half cooked, or just before serving. To give extra nourishment, rice, barley, egg, or dry peptonoids may be added to broths, provided the patient is not on a strictly liquid diet.

When a patient is on a liquid diet for any length of time, and broths are to be used frequently, care must be taken to give a variety and to serve the different broths in such a manner that the patient will not tire of them. The broth served to patients in a great many hospitals has the fault of being too weak and improperly seasoned. There is nothing quite so insipid as a weak broth lacking in salt. Be sure the broth is strong and that it has a decided flavor of the meat; season carefully with salt, and taste it before taking it to the patient.

The color of the broth is apt to have a very decided effect on the appetite of the patient. A light colored, insipid looking broth will often be refused, when the same broth properly colored will be most acceptable. A good color is obtained in various ways. Beef broth, if made sufficiently strong, will usually have a good rich color. Mutton broth, even when made strong, is apt to have an insipid appearance. It may be darkened in color by using a little extra meat, and heating this extra portion in a frying pan until brown, before adding it to other meat from which the broth is to be made. The meat should be cut in small pieces and then put in a hot frying pan, together with a little fat, and stirred until brown. This method gives good flavor and color to the broth. If the broth has already been made and one wishes to color it, a few drops of Kitchen Bouquet may be added, or sugar may be browned in a frying pan until all the sweet taste is gone, and a few drops added to the broth. If the broth has been made too weak, boil it down until reduced to one-half the quantity. It is often necessary to do this to the ordinary broth distributed in hospitals. Be sure all broths are served very hot; a broth which is half cold is very unpalatable. There is really no excuse for serving poor broth to a patient when there are so many ways of "doctoring it up" at the last minute and making it attractive and acceptable.

Clam and oyster broths are made by cooking the clams or oysters in a small quantity of water, adding any natural juice that comes with them. Strain, season, and serve hot. Clam broth is often more acceptable to a fever patient if frozen to the consistency of a frappe. Beef and mutton broth may both be served cold in the form of a jelly. Use an extra amount of bone when making the broth. When cooked and cold, remove the fat from the top. Heat again, strain through cheese cloth, season, and allow to stand in the ice box until firm like a jelly.



All these meat soups contain very little nourishment, and are taken chiefly for their stimulating effect and flavor, and for the small amount of gelatin which they contain. Gelatin is a proteid sparer, and is useful in convalescent diet.

It is on the milk soups we have to depend to furnish nourishment to the patient. Practically all milk soups are put together in the following manner: First cook and strain the vegetable (almost any vegetable can be used). Make a cream sauce with butter, flour and milk, and cook thoroughly. Mix the strained vegetable with the cream sauce, season, strain, and serve hot. To make the cream sauce, melt the butter, add the flour, and when smooth add gradually the hot milk. Allow the mixture to boil for one minute, stirring constantly. To one cup of milk, use one tablespoon each of flour and butter. One-half as much vegetable as milk makes a nice rich soup. By following these simple rules and proportions one can make a variety of milk soups flavored with any vegetable desired.

Soups made with milk and flavored with different cereals are very nourishing. They are made in much the same manner as the vegetable soups, but the flour is usually omitted, as the cereal supplies sufficient thickening. In winter, when green vegetables are scarce, lettuce, which is always in market, may be used to make a most delicious cream soup. Cook the lettuce until very tender, rub through a sieve, and add it to a cream sauce mixture. Season with salt and pepper. This is an excellent way of using the large, outside leaves of a head of lettuce which are too often thrown away.

The recipes which follow are for soups which are a little out of the ordinary, and make a nice change for a patient who must be on a liquid diet for a long time:

#### *Fruit Soup*

$\frac{1}{4}$  cup dried prunes,  $\frac{1}{4}$  cup dried peaches, 1 cup cold water, 2 teaspoons flour, sugar to taste. Wash the fruit, and cook in the water until very soft. Add more water while cooking, if necessary. There should be one cup of juice when the fruit is cooked. Strain, squeezing all the juice from the fruit by twisting it in a piece of cheese cloth. Sweeten the juice with a little sugar, add the flour, and cook in a double boiler for half an hour. The fruit which is left may be rubbed through a strainer and used for making a dessert.

#### *Oatmeal Soup*

1 cup chicken broth, 2 teaspoons raw oatmeal,  $\frac{1}{3}$  cup scalded milk, 1 teaspoon butter, 1 teaspoon flour, salt and pepper to taste. Heat chicken broth to the boiling point, add oatmeal, and cook one hour. Make a cream sauce from the butter, flour and milk, and

combine it with the oatmeal mixture which has been rubbed through a sieve. Season, and serve hot. This is a very nourishing soup and one well liked by most patients.

#### *Potato and Tomato Soup*

$\frac{3}{4}$  cup milk,  $\frac{1}{2}$  teaspoon onion,  $\frac{1}{4}$  cup mashed potatoes, 2 teaspoons butter, 2 teaspoons flour,  $\frac{1}{4}$  teaspoon salt, pepper, 2 teaspoons tomato catsup. Scald the milk with the onion. Strain out onion, and add the milk to the mashed potatoes. Melt the butter, add the flour, and then add slowly the milk and potato mixture. Boil one minute, stirring constantly, season, and add tomato catsup just before serving. This soup has a very delicate flavor, and is a favorite with patients. For a patient who can have tomato catsup it is a real delicacy.

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### THE NECESSITY OF TEACHING NURSES DENTAL HYGIENE

BY RAY R. REED, D.D.S.

*Bay City, Michigan*

Text books for nurses contain very thorough instructions in the art of giving sponge, tub, and spray baths, infants' cleansing baths, and washing the hair, which is all very well and essential. Little or no instruction, however, is given the nurse in the care of patients' teeth. With our present knowledge of focal infection and its relationship to systemic diseases, does not negligence in this line become a serious problem? At least three-fourths of the patients in hospitals need dental prophylaxis, the other one-fourth could profitably stand it. If apparently healthy persons develop secondary infections through focal infection, a patient suffering from a wasting disease or an acute condition, would certainly be more susceptible to disease, and the focal infection would be more potent. X-rays of devitalized teeth of patients suffering from an acute disease show rarefaction, or the attenuation of the bone due to infection. The same teeth on X-ray, subsequent to the illness, show little or no rarefaction at the root ends.

It is true that patients in hospitals give little or no attention to their teeth. This is partly due to the fact that enough emphasis is not laid upon this treatment by the physicians and nurses. The ideal procedure is that carried on by the University of Minnesota hospital. Each patient on entering is provided with a tooth brush. The nurses are trained efficiently to instruct the patients in the care of their mouths, and some are trained to do instrumentation to remove the

coarser calculus or tartar. Mouths presenting an advanced degree of pyorrhea and an abundant flow of pus are first scrubbed up with a piece of sterile gauze. At this time the nurses demonstrate the proper use of the tooth brush, demonstrating in their own mouths to make it more effective. Wonderful results can be obtained in this manner. The flow of pus can be checked and the puffy and irritated gums nursed back to a semi-healthy state. It is true that the primary irritant, the calculus, cannot be removed in this manner, but the injury which it produces can be reduced to the minimum. By teaching nurses the art of instrumentation, the coarser deposits are removed and the delicate instrumentation necessary in pyorrhea treatment is later done by the dentist. The tooth brushes, with dust shields, are hung in a conspicuous place at the head of the bed, being a daily reminder for diligent use.

Coöperation must be obtained between the medical and dental professions so that dental surgeons are permanently employed in all hospitals. Surgical cases then, especially, should present healthy mouths at the time of operation, not only for the safeguarding of the patient against possible secondary infection, but also to increase his recuperative power. By healthy mouths, I do not mean simply prophylaxis in the sense of treating pyorrhea; but more important, the removal of all abscessed teeth.

The great menace, tuberculosis, is to-day very efficiently handled by sanitariums and public donations; yet the Bureau of Vital Statistics shows that in the year 1915, 98,000 people died of tuberculosis in all its forms, while 105,202 people died of heart diseases. In the year 1916, 101,396 lives were destroyed by tuberculosis and 114,171 from heart diseases. On account of the developments in the treatment of tuberculosis there has been a decline from 200.7 per 100,000 in 1907, to 141.6 in 1916, a decrease of almost thirty per cent.

What has been done to control heart disease? It is true that heart disease, to a very large extent, is preventable by proper mouth sanitation. The masses of streptococcus viridans, in dental abscesses, on tooth surfaces, in pyorrhea pockets, and tonsillar crypts, enter the circulation and localize in the heart valves, producing disease. This is only one phase of the destructive action of the streptococcus, not dealing with gall-bladder disease, arthritis, neuritis, nephritis, and many other conditions of possible focal origin. How much simpler would it be to control these diseases than tuberculosis? What small expense is connected with the treatment of a disease producing more deaths than tuberculosis and which is on the increase!

It is true that the patients in the hospitals present a very small percentage of these cases, but when suffering from other ailments

they present the most susceptible group. As I have said before, the treatment is simple and is threefold: (1) Coöperation between medical and dental professions; (2) Establishing of a dental department in hospitals; (3) Training of nurses in dental hygiene.

The nurse's part in this great work is a very important one. It is she who comes in intimate contact with the patient and can instruct and watch the patient perform his dental toilet. It would be impossible for one man to accomplish that which the nurse could be trained to handle so efficiently. Let us then strive to give the patient a fair chance and make use of the knowledge which we now possess. Let us prepare our nurses with the proper training necessary in carrying on this important work.

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### MY EXPERIENCE IN X-RAY WORK

By R. M. L., R.N.

*Pittsburgh, Pennsylvania*

Often we hear people say, "Nurses are going out of their sphere" when they decide on taking up industrial nursing, X-ray work, electrotherapy, etc. Allow me to say I do not think so. I am not a graduate of many years back, but I have seen nursing from a few points of view and I am now employed with a surgeon who operates in one of our large city hospitals and does his own X-ray work in his office laboratory. I thoroughly enjoy the work and am learning much. Let me describe a little of what we are doing; judge for yourselves whether I am forgetting any of the many things I learned during my three years' training.

Although a little minor work is done, consisting of a few pictures of fracture, etc., the principal work is the giving of barium for the study of the gastro-intestinal tract. The nurse's work consists chiefly in preparing the barium to be given,—about four ounces of barium, well mixed with one pint of buttermilk. This forms a creamy liquid, and is not disagreeable for the patient to take, as the barium is absolutely tasteless.

A clever idea in taking a picture, is to attach, with adhesive, a small bright coin to the center of the umbilicus; in this way it is quite easy to determine the position of the abdominal organs in relation to the umbilicus and in relation to each other.

Of course, the heart and lungs are not included in the gastro-intestinal tract, but they can easily be studied when the fluoroscopic screen is thrown upon the patient. It is only natural that a competent



physician will study his patient from the top down, including that which is thrown into view at the beginning of the intestinal tract.

The patient is placed behind the screen and is given the barium solution to drink, while the function of the esophagus is studied from a front and back view. When the pint of solution has been taken, the average stomach is about three-fourths filled, and its function, position, and condition are easily studied. Soon the food begins to pour out of the stomach, assisted by the peristaltic waves. The duodenal cap is easily seen. In cases of abnormality, where the small intestines are collected in a mass on the pelvic floor, the barium is seen collecting in these dilated loops of the small bowel. In the normal small intestine, the barium is not easily seen, as it is so widely scattered over the abdominal cavity that it presents only a hazy appearance, and is considered quite normal.

The patient is seen in about three hours from the time the meal has been given. In many cases, where the position and function are quite normal, the stomach is about three-fourths empty of the barium. In about five hours, the stomach is entirely empty, if no other food has been taken. At the end of nine or ten hours, the barium is entirely in the small intestines, but so packed together are these dilated loops that they look like one solid mass lying on the pelvic floor. Is it any wonder that they cannot perform their normal function, that of absorbing the nutrition from the food taken, and thus adding to the well-nourished condition of the patient? Naturally the food is longer getting out of these small intestines with poor function, than from those of the normal individual.

At the end of twenty-four hours, the barium is usually out of the small intestines, and can be seen in the ileum, or the lower half of the small intestines. In thirty-six hours, the colon is pretty well filled and can be outlined concerning its condition and location which, in many cases that are X-rayed, are quite abnormal, with a wide dilated cecum, which may be described as a cess-pool, and in which food is known to stay, in some cases, for five and six days.

I have seen food stay in the *stomach* a week; this of course was due to an obstruction and surgical means had to be used to relieve it.

When we see the condition of these poor unfortunates, we wonder how they are able to enjoy as good health as they do, as they are continually taking up toxic poisonings from the decomposed food lying in the large intestine.

Much more can be said along this line, but I do not want to go too much into detail. I would like to have others see how very interesting this work is, and how much improved these patients can be with a few weeks of proper reconstructive care and treatment.

## THE STORY OF MOTHER BICKERDYKE

BY E. V. ERLANDSON, R.N.

*Assistant Superintendent of the Training School, Wesley Memorial  
Hospital, Chicago*

The Illinois Nursing Act provides that every registered nurse who continues in active practice shall, annually, during the month of April renew her certificate of registration by the payment of a fee of one dollar to the Department of Registration and Education. The Department has sent out notices to the registered nurses of the state, enclosing a card to be returned with proper remittance. On this card the registered nurse is requested to state whether she is practicing nursing independently, or is in the employ of a hospital, sanitarium, etc., at a stated, regular salary, or is not actively engaged in nursing. Since the first nursing law was enacted in Illinois the State has issued, approximately, 8,000 registered nurse certificates.

The registered nurses of Illinois, through their State Association, requested the Department to issue a renewal certificate emblematic of the profession, and suggested a reproduction of the statue erected to the memory of "Mother Bickerdyke" in Galesburg. The Department granted the request, and has adopted the suggestion. The renewal certificate will be an attractive card upon which will be reproduced the statue of "Mother Bickerdyke," as she was gratefully called by the Northern soldiers in the Civil War.

This statue was erected by the State, in Galesburg, in 1906. It stands in a beautiful park, which is surrounded by stately elms. Here also is the Knox County Court House, the buildings of Knox College, the new St. Mary's Hospital, the Baptist Church, the Conservatory of Music of Knox College, and the Galesburg High School. These surroundings, appropriate in every way, represent justice as well as the care of the sick, religion, art, and education, and are the silent partners of this memorial.

The statue is mounted on a granite pedestal, about five feet in height. There are two figures of bronze, both of heroic size, one representing a wounded soldier in a reclining position, dressed in the uniform of the army of that day, with his cap on his head and his rifle resting on his left arm. The other, depicting a nurse, is kneeling and supporting the suffering man, while offering a drink of water. On the east side of the base is an inlay tablet of bronze with the following inscription:

Mother Bickerdyke (1861—Army Nurse—1865)

She outranks me.—General Sherman

On the west side of the pedestal, there is also an inscription:

MARY A. BICKERDYKE

1817 - - 1901

In recognition of her patriotic and heroic devotion to the "Boys in Blue," in camp, in hospital, and on the field, the State of Illinois has, under the auspices of the Mother Bickerdyke Memorial Association, erected this statue, 1904.

The conception and execution of this impressive work of art is due to the genius of Mrs. Alice Ruggles Kitson, the most famous of American women sculptors.

So far as the writer has been able to learn, this is the first and only monument erected in this country that dignifies and commemorates the work of the nurse in this exalted and beautiful manner. Indeed, if my memory is not at fault, there are but four other like monuments in all the world, one in Austria and two in England. One of these emphasizes the gratitude of the English people for the pioneer, but wonderful work of Miss Florence Nightingale, and the other was recently erected to keep alive the service and final sacrifice in the form of martyrdom of Edith Cavell for the suffering soldiers of her native land. The fourth one is in Toronto, Canada.

During the Civil War, when typhoid and other diseases, to say nothing of the sufferings due to shot and shell, were working havoc among the soldiers of the northern armies, President Lincoln issued a call for nurses. This was repeated everywhere in the north, especially from the pulpita. Mrs. Bickerdyke, while attending services at the Congregational Church in Galesburg, heard the plea. She immediately went home, made arrangements with neighbors to care for her five children, and with five thousand dollars' worth of medical and sanitary supplies, was soon hurrying southward. This was in 1861, and now began the career of an army nurse that did not end until the last soldier was discharged from the hospital in Springfield, Illinois, in 1866. She was first stationed at Cairo, where Mary Safford, the "Cairo Angel" was already at work. As the sick soldiers were much in need of baths, her first move was to obtain bath tubs. This she did by having a pile of empty hogsheads sawed in two, and every sick soldier was given a bath and clean linen. Next, diet kitchens were fitted up, and Mother Bickerdyke assumed command.

An instance of her ability to handle annoying situations was shown by what she did when she found that delicacies from her supplies were disappearing in a way for which she could not account.

*find out  
see again  
555-  
must  
spank  
then*

Some dried peaches were stewed and left to cool on the kitchen table. In due time there was a distressing amount of abdominal symptoms among the waiters, stewards and ward masters. "Umph! Umph! So peaches don't agree with you, eh? You may be worse off next time you eat stolen sauce; there will be ratsbone in it some night." A refrigerator with a lock was ordered from the north; one night the lock was broken and the next morning a cook was in the guardhouse. Thus it was all along the line. "By whose authority are you here?" said a surgeon to her. "I am here in obedience to the Lord God Almighty! Have you any higher authority? Stand out of my way!" was the answer. But this divine authority was soon certified to by the necessary mundane officials. All right-minded surgeons soon begged for her assistance, and those high in command saluted her.

"Who is the complainant?" asked General Sherman of an officer with a grievance. "That meddlesome old woman from the north," was the reply. "Oh, well, I can do nothing for you; she outranks me," said the general.

The following order was issued: "All guards, pickets and military authorities will pass and re-pass Mrs. Mary A. Bickerdyke from any point within the lines, and all military railroads and chartered steamboats will grant her free transportation. By order of General U. S. Grant."

Using this pass, she succeeded in getting supplies whenever she needed them. The men at the front showed signs of scurvy and needed vegetable diet. There were plenty of vegetables in Nashville, and she finally persuaded General Sherman that she needed two carloads a day, and she got them. Soon she was distributing potatoes and onions up and down the railroad line from Huntsville to Chattanooga.

Her interest was always for the sick and wounded and her influence in keeping up their morale was not the least part of her beneficent influence.

Her hospital boat was the first to land at Pittsburg after the battle of Shiloh—when the crafts of war for that purpose were crude; and there seemed to be lint and bandages, clean linen and hot coffee, sugar and milk, wherever she went.

During a short furlough she came north to raise money, stimulate contributions for articles needed by the army, direct shipments, look after the orphan children of her soldiers, and to encourage interest on the part of the civilian population in the needs of the men at the front.

Her great collection of livestock from among the farmers of northern Illinois is still a vivid memory that has been handed down from among the people of that region. In less than twenty days she was able to collect and send two hundred cows and almost a thousand



laying hens to her camp of 15,000 sick soldiers in Memphis who, as she said, were trying to get nourishment out of poor milk (half chalk and water), for which they were paying fifty cents a quart.

The soldier had his monthly pay—little as it was, yet something—he had his food and clothing, and was cared for as well as could be under the circumstances. What did Mother Bickerdyke have in the way of compensation? Who can believe that she served all those dreadful five years with no recompense, save that of an approving conscience and the love of the soldiers and their friends?

It was not until twenty years after the war that a movement was started by the Grand Army of the Republic to get a pension for her. The bill was introduced in the Senate by Senator Logan of Illinois, and in the House by Representative John D. Long of Massachusetts. It was reported out of these committees with most hearty endorsements, setting forth the fact that in their estimation she had done more work for the army than any Brigadier General, and had saved more lives than any one surgeon. Notwithstanding these high estimates, the House Committee ungenerously recommended that the amount be reduced from fifty to twenty-five dollars per month. That she got, and nothing more. Alas! the gratitude of republics.

Mary A. Bickerdyke died on November 8, 1901, at the age of eighty-four, at Bunker Hill, Kansas. After the funeral rites at her home, the body was taken back to Galesburg, Illinois, where impressive services were held.

It was not until 1903, that funds were raised by the Grand Army of the Republic and the Woman's Relief Corps and these, with an appropriation by the State of Illinois of \$5,000.00 were sufficient to erect the monument to commemorate the activity and noble deeds of this truly great woman who was the greatest army nurse of her time.

It has become the pleasure and the privilege of the nurses of Illinois to add their tribute to the life and work of their sister who so glorified the work of the army nurse, by placing the picture of her statue on their first re-registration cards.

Note—The quotations in this paper were taken from a book on Mother Bickerdyke by Mrs. Kellogg of Kansas.

## A TYPICAL CASE OF MEASLES

BY NORMA SAUER SELBERT, R.N.

*Columbia, Missouri*

I went unwillingly, when Dr. C. asked me to take a case of measles. I had been much confined in the past six months, moreover, I was tired, and caring for a child meant constant exertion by day, needless disturbance by night, inappreciation, coaxing, etc. The thought of the tedious monotony and confinement of quarantine appalled me.

I found my patient, a blue-eyed boy of six years, neatly tucked in a brass bed in his own, well-ventilated room. The mother was winsome and intelligent, and in order to protect her infant daughter from infection, she agreed to my plans for strictest quarantine. The boy's own room and the bathroom adjoining were to be our quarters for the next few weeks.

Two days before, he had seemed to have a feverish cold with eyes "watery." The conjunctiva were affected and marked photophobia was noticed. Next day came a general malaise; loss of appetite, coughing, and sneezing; small bluish white spots having a red base were noticed; his throat was red and blotchy on the mucous membrane opposite the molar teeth. This very characteristic and pathognomonic sign (Koplik's sign) soon passed away.

When I arrived the boy seemed listless, and since I had not had much to do with children for about a year, I feared I might not be able to please and reign. "Here, dear," said I, "will you hold this under your tongue and close your lips?" He seemed to take the thermometer most eagerly. As soon as he was permitted to speak, he explained: "My mother used to suck one of dese in de Christ Hospital when she wuz there. I always wanted to suck it but she said I would break it." He had two teeth out in front and he said he sucked it "through dis gap in the teeth." Seeing that the oral temperature tallied with a rectal temperature, we always took "a smoke in the gap."

The following day was the fourth day; the eruption appeared first on forehead, neck, then behind ears and around nose. Finally the whole body looked as though it had been "boiled," therefore we pretended that Ellis was a clown who was painted red and white.

He dreaded a bath, and to avoid tears we pretended that I was putting cream and sugar on a strawberry, when I was "putting the bath on his red body." The rag was sugar, and the towel, cream. Sometimes he was an Indian warrior and I was "stroking him with war paint" when I washed him, and when I patted him dry with the

towel, I pretended to be "dabbing in another color." At this point he suddenly turned into a knight and I put his armor on, his pajamas. The fever rose gradually until the end of the fifth day. It reached 102.6° F., then fell by crises after profuse perspiration.

His tongue was coated. We had read a story in which a mute hero carried a message to "his side of the war" on his tongue. The sentinels searched him but not finding any note, permitted him to pass on. So after that I was always dabbing his dry lips with war paint when I dabbed glycerine and lemon on them. We had read about an Indian chief who took frequent drinks from a bottle of poison which a wonderful warrior's spirit had given him, to make him immune to disease. Thus he took willingly, almost eagerly, the vile mixture left by the doctor who, we pretended, was a wonderful spirit. Hence, his cough was cured.

Photophobia was intense. We kept his room almost dark, and we pretended that we were cave dwellers and the reason no one came into our room was because ours was a secret cave and no one knew the way into it but we and our good fairies. Our meals were put outside our door. Ellis was being prepared for knighthood and so, like Launfal, was on special diet. His consisted of milk and eggs chiefly.

About the sixth day, the eruption became brown "like a coat of skin on a Spanish chief," said Ellis. When desquamation set in on the eighth day, he said he was "like a fish when he wriggled and splashed tiny drops about him."

I promised to tell everybody that he was nine years old, and to dub him knight on Easter Day, provided he drank two quarts of milk, every twenty-four hours, for six days before. This he did, and on Easter Day he was allowed to sit up in a chair, and in the new robe and slippers which the day brought him, I dubbed him knight by giving him a harmless toy pistol, a bunch of pink carnations, his favorite flower, and serving him with white meat of chicken, baked potato, toast, and ice cream.

We pretended throughout that our clothes were charmed. We immersed them in carbolic solution before we tossed them to the maid who hung them in the sunshine and then put them in the laundry. When we fumigated the room, we pretended Santa Claus' fairies were coming to see what Ellis had. So that they could see all things and not bring the same ones next year, we took everything out of drawers and closets. We burnt many books, since they were sure to bring books. We liberated the fairies when we poured sixteen ounces of formaldehyde on eight ounces of potassium permanganate.

Ellis says, "We will stay pals forever."

## DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

### HOW TO ATTRACT MORE CAPABLE WOMEN FOR THE TEACHING FIELD

*The Need.*—Letters are coming in nearly every day from all parts of the country, asking for instructors and speaking of the increasing difficulty of securing properly trained young women for this work. It is interesting to note that while ten years ago, there were only two or three regular nurse instructors in this country, and these only in the larger schools, there are now two or more full-time instructors in most of our prominent schools, and many of the smaller schools are employing full-time or visiting instructors. When one considers the 1,600 registered nursing schools in the country, it is evident that we will have to produce quite a large number of instructors to supply this field.

Though many are still asking for the all-round instructor who is expected to be able to teach as many as ten or a dozen subjects at once, there is a growing tendency toward specialization. Most of the calls are for instructors of practical nursing and of the elementary sciences, but some hospitals are asking for special teachers of surgical nursing, children's nursing, obstetrics, etc., this work as a rule being combined with the supervision of those departments in the hospital.

With all the other urgent needs and attractive opportunities in the nursing field competing for the attention of our best qualified women, it is not going to be easy to secure the teachers we need unless we are prepared to show them that this field is not only a highly important one, but one bringing very positive rewards and satisfactions.

*What are the Attractions and Opportunities in the Teaching Field?* Though no one would claim that teaching is more useful than any other branch of nursing there is certainly none more far-reaching in its influence. To feel that one is having a share in not only shaping the future of numbers of individual students, but in laying the foundations for a stronger and better profession, is a great incentive. This is particularly true in nursing at the present time when our educational system is still in the making, and when every contribution counts for so much.

In spite of the fact that other branches of nursing may make a more dramatic appeal, the needs of the army and of public health work being particularly hard to resist in the last few years, it is



undoubtedly true that the teacher of nurses who gives her pupils a solid foundation for their future work and who inspires them with a broad vision of its possibilities, does more to serve these needs than many of the people who are doing the actual practical work in the field. Certainly without such a foundation, every branch of nursing work must suffer or fail.

But there is also opportunity for growth and self-expression for the teacher herself. If she is a student with an active mind and a keen appetite for knowledge, there is no other branch of nursing where she is likely to keep more closely in touch with the advances of science or where she will have such a good opportunity to dig for herself into the various fields of knowledge. The necessity of feeding her students will constantly stimulate her own desire for knowledge. If she is an expert in the art of nursing she will take the greatest pride and joy in developing skill and expertness in others. Teaching thus draws out and develops her own powers and gives a splendid avenue for self-expression.

Those who feel that they want to become superintendents or assistants in nursing schools could not have a better preliminary preparation than that of a teacher. It gives a grasp of the educational side of the work which they could never get otherwise, and a sympathetic insight into the personal lives of pupils and into the work of the teaching staff. There is not the slightest reason why there should not be the clearest possible path between teaching and administrative work, and why we should not encourage rather than discourage such a combination of functions, on the understanding; however, that teaching shall never be considered merely as a stepping stone to administrative work.

With the present development of university schools there is going to be a promising field for well trained nurse instructors in colleges and universities. These positions offer special inducements to women who enjoy the broader interests and opportunities of university life and who have the necessary academic qualifications. We shall soon need many of these instructors to help in training the instructors of the future.

So far as the home and personal life of the instructor is concerned, there is a wider opportunity for choice than in some other branches of nursing. Many prefer to live in the hospital, but for those who wish greater personal independence and a home of their own outside of the hospital, there is the field of the visiting teacher, which is developing rapidly.

*What are the chief difficulties in recruiting and keeping instructors in training schools?* With all these attractive and varied

possibilities in teaching, with the strong appeal to certain pretty general kinds of interest and ability, we are still faced with the fact that very few young graduate nurses are entering the teaching field, and of those who do enter, not all are satisfied to remain in it. It is very important that we should get at the root of the difficulties if there are any, and see what can be done to remove them.

I am strongly convinced that much of the trouble is due to the fact that the field of teaching in nursing schools is as yet comparatively new, and that it is not generally brought to the attention of student nurses or graduates in any definite and forceful way.

Even when this is done, however, the reaction of a group of young graduates is not always favorable and the reasons given seem to be always about the same,—chiefly a lack of interest in teaching itself, based on a popular feeling that it is something of a grind. Many students explain that they entered nursing to get out of teaching and they see no reason for taking it up when there are so many other things they can do. Besides this, it is probably true that the average young woman who goes into nursing work is rather of the active than the studious type, and to most of these, other branches appeal more than teaching. A further reason is that many have had little or no experience in teaching of any kind, and they do not know how they would like it. They have had a taste of executive work, operating-room work, etc., and some of them, a little social service or visiting nursing work, but apart from the incidental teaching they may do in the wards, they do not know anything of the real joys of teaching. Even those who have taught before in public schools, associate the word with hordes of restless squirming young school-children, and the endless drill on reading, writing and arithmetic, rather than with the very different task of helping mature young women to get the fullest possible value out of their professional training.

Some of the nurses who are really interested in teaching, have not the necessary educational qualifications, and some of them have had a weak professional training which would always handicap them in teaching. These are the most pathetic cases. Because they have been defrauded of their own birthright, they often are all the more keenly anxious to give the young nurses who are coming on, a richer and fuller opportunity than they themselves had. It means, however, that if they are to prepare adequately, they must spend, sometimes, several years in first making up their deficiencies and then in building up their teaching knowledge. Even this latter training is a great expense to a self-supporting woman and it is not perhaps surprising that many are more or less content to remain in other branches of work which do not require additional preparation.

Although the salaries of instructors have on the whole compared pretty favorably with those in other branches of nursing, they are not high when the expense and length of preparation is considered. The salary of the instructor ranges, usually, from \$75 to \$100 a month, with maintenance. A very few go as high as \$125 a month. This is not in itself a large enough inducement to make a nurse expend from \$1,000 to \$2,000 in special training, especially since other institutional nurses very often receive as large a salary or larger, without making any expenditure or giving very much time for preparation. There is no reason why the inexperienced instructor should not begin on a moderate salary, but as she gains experience she should be advanced as she would be in a college, high school or technical school where the salaries of instructors usually go from about \$1,800 a year up to about \$2,500, (without maintenance) and where there is always the possibility of advancement to higher posts if one is well qualified.

This matter of salary is one of the reasons why some excellent instructors in nursing as well as in our schools and colleges have left teaching for executive work. They have not been content to go on teaching for years at a very moderate salary while women with much less preparation and no greater ability were being steadily advanced in administrative posts of various kinds.

More important than the question of salary is the anomalous status of many instructors in training schools. It is not only the question of self-respect which is involved here, it is the question of an instructor's influence in the school. If her position is not clearly defined and upheld by all the usual marks of prestige and authority, the students will tend to lose respect not only for the teacher, but for the work she represents.

If the teacher is recognized as an expert in her special branch of work, it would seem to be reasonable that she should be allowed to plan the details of her own work and be responsible for the general methods and policies of her department. Instructors often feel somewhat restricted and hampered in their work by being asked to follow too rigidly the plans laid down by someone else and by an unreasonable opposition to anything in the nature of change or experimentation, along teaching lines. It is quite possible that the instructors' ideas may not always be the best, but the feeling that she is not free to plan things out herself or to suggest new policies, very soon kills her interest and suppresses any creative ability she may have.

It has been perhaps unavoidable in the beginning of the instructor's work, that she has had to take over so many different subjects and has had to work such long hours in preparing for the actual work of teaching. Willing and interested as most instructors have been,

they have often been physically unable to carry the load and a number have either broken down under it, or have taken up other branches of work.

The trouble here is that hospital officers all work long hours and if the instructor does not put in the same time "on duty" as the others, it is often assumed that she is a slacker. Few people realize just what an output of energy is involved in teaching, and how many hours are needed for preparation, for the examination of note-books, and for all kinds of extras which make all the difference between good and poor teaching. Twenty hours a week of actual teaching is considered the maximum for high school and college teachers, and it is agreed that they should have at least two full days a week for recuperation and rest. The larger the variety of subjects taught, the smaller should be the number of hours of teaching. It is practically impossible for any teacher to do justice to more than three or four different subjects, and though at this stage in our development teachers may have to exceed this, it should be realized that such teachers are under unusual strain. If there is supervision to be done as well, of course the class hours should be correspondingly reduced. It is unreasonable to expect that the teacher should be on duty the same time that assistants and supervisors are, and do her preparation for classes at night when they are all off duty.

Most instructors realize fully the limitations under which nursing schools labor and are willing to do what they can to improvise equipment and to economize in every way. But it is almost impossible to do good teaching work when one has almost nothing to work with,—no provisions for laboratory work, few or no books for reference, and no time even for proper class work and study. These conditions are improving too, but it is not surprising that instructors should sometimes be discouraged when they are expected to show results and yet not given anything to work with. The astonishing thing is that even with all these difficulties there are so many instructors who are enthusiastic about their work and would not exchange positions with anyone.

*What can be done to bring more promising and well-prepared nurses into this field?* The kind of person who is most successful as an instructor is not necessarily young, but she must have vigor, and enthusiasm, and she must have teaching ability and a good sound education. It is useless to think that after one has become tired out in other branches of nursing, one may find an easy job instructing nurses. On the other hand the wider the experience the teacher brings, the better for her students.

The nurse who is a rather keen student, who thinks clearly and



systematically, and who shows some interest in helping others to understand their work, has the essentials at least of the good teacher. If she has had as well some teaching training and experience, it seems a serious waste to have her go into some of the other branches of nursing, when the need for instructors is so great.

The first thing to be done is to canvass the field systematically, to find out what nurses there are in the training schools or outside, who have the education and aptitude for teaching and to start out definitely to interest them in this branch of work. The next thing is to make the position of the instructor as attractive as we can, to offer good salaries, to divide up the work when it is too heavy, to give it a proper status and a chance of future development, and to allow the instructor as much freedom as possible in planning and carrying out her own work.

Finally, we need to help these young women in every possible way to get the extra training they need. We shall have to develop training centres in different parts of the country so that the expense of training may be somewhat reduced and so that students may not have to go so far from home. Scholarships are already being provided by some training schools and other organizations to help promising students to prepare as instructors. These might well be extended.

The main thing at present is to bring into our schools more educated women who are able to qualify for these advanced positions and not only to give them the soundest possible foundation for such work, but to inspire them with the kind of ambition which will lead them to seek such opportunities for wider service to the profession. Many schools which are clamoring for instructors have never helped to produce instructors for their own schools or for any others. While all schools should feel this responsibility, the country looks especially to the larger more representative schools where there are a number of college women and others of rather more than average education. It is from this group we should draw most of our instructors, but we cannot expect them to come into this field unless we make a definite and united effort to interest them in it and to make it worth while for them when they do come.

#### A LESSON ON "HOW TO CLEAN A BATH ROOM"

BY PERMELLA M. DOTY

The following outline is intended to be used in teaching the subject of Hospital Housekeeping to students during the preparatory term. The subjects discussed in class would be:

1. General principles of cleaning—(a) Aesthetic and sanitary

aspects of work; (b) Preservation of articles in use; (c) Appreciation of value of property; (d) Best methods of work.

2. Kinds of materials to be cleaned—(a) Wood, (b) Tile, (c) Metals, (d) Porcelain, Marble, (e) Glass.

3. Cleaning utensils and agents—(a) Nature, (b) Use, (c) Cost.

4. Principles to be observed in cleaning special materials.

The procedure is then taken up step by step.

*Aim of Procedure.* To make fresh and clean and free from bacteria.

*Equipment Needed.* Wall brush with domet flannel bag, hair broom, dust pan, long-handled scrub brush, pail, floor cloth, mop, mop-wringer, radiator brush, newspaper, metal toilet cleaner, paper towels, 2 window cloths (non-linting), 2 cleaning cloths (one for dry and one for wet dusting), cleaning basin or pail, soap, Bon Ami or whiting, Porcella, ammonia water, soda solution, or chloride of lime, fresh towels, wash cloths, bath mat, muslin window curtain, small step-ladder.

#### *Procedure.*

1. Open window, top and bottom.
2. Remove chair, muslin curtain, soiled towels, etc.
3. Fold rug (upper side folded in), take outside for cleaning.
4. Put soda solution (12 drams to one gallon water) or chloride of lime, in toilet, let stand.
5. Remove contents of medicine cabinet, clean inside of closet with damp cloth, wipe all bottles and utensils carefully and return to place.
6. Clean all small glass and nickel ware, tooth brush holder, drinking glass, soap dish, etc., with hot soap suds. Dry thoroughly and put inside medicine closet.
7. Brush down ceiling and walls with long-handled brush covered with bag. Brush downward, using long, even strokes.
8. Wipe top of door, window, medicine closet, with damp cloth.
9. Place dampened newspaper under radiator, clean behind, under, and between sections with radiator brush, brushing from top downward. Fold newspaper and place in dust pan.
10. Sweep floor.
11. Wash window, using a few drops of ammonia or kerosene in the water. Clean outer window sill.
12. Clean electric light fixture, wash globe; do not use damp cloth near wiring. Wash painted fixture. Wipe metal fixtures with dry cloth.

13. Wash tiling with warm, soapy water.
14. Wipe all woodwork with damp cloth; use Bon Ami or whiting on dampened cloth for stains or finger marks. Do not let water dry on. Wash both sides of door knobs.
15. Clean tub and wash bowl with hot water and soap. If necessary, use Porcella. A few drops of kerosene on a cloth may be used if the tub is very greasy. Wash thoroughly with soap and hot water afterwards to remove odor. Iron rust can be removed with vinegar or dilute oxalic or hydrochloric acid. Do not use acid except on the area where the iron rust is; wash at once with soap and hot water. Marble wash basin should be cleaned with soap and hot water. Use a fairly strong solution of ammonia or washing soda to remove stains, (no acids). All faucets and other nickel fittings should be cleaned with hot soap and water and polished with a dry cloth. (Coarse abrasives should not be used to clean porcelain bathtubs or basins, or marble, as they destroy the polish. Nickel being only a plating, is also destroyed by the use of abrasives.)
16. Flush the toilet; clean inside with metal sanitary cleaner and paper towels. Flush. Wash the outside of bowl, seat, push-button or handle of chain.
17. Put up a fresh curtain, arrange fresh towels, replace toilet articles. See that soap and toilet paper are provided.
18. Scrub the floor, using a long-handled scrub brush and hot soap and water. A good mixture for cleaning the floor is made by dissolving  $\frac{1}{2}$  pound washing soda and  $\frac{1}{2}$  cake of soap in 2 gallons of water. Stains may be removed by applying a little dilute hydrochloric or oxalic acid, (1 part acid, to 2 of water) to the spot. The acid dissolves a little of the lime in the tile and you get a fresh surface. Use sparingly and wash immediately with soap and hot water. Soap checks the action of the acid.
19. Replace the rug and chair.
20. Clean and return utensils to place.

#### ITEMS

*Recruiting for Student Nurses in Michigan.* The Michigan Hospital Association, organized December 12th, 1919, has launched a recruiting campaign to secure pupil nurses for Michigan's accredited training schools. A Central Committee of ten members has been appointed with Emily A. McLaughlin of Harper Hospital, Detroit, Chairman, and Annie Coleman, State Inspector of Training Schools, Secretary.

The State has been divided into regional districts, based on the congressional

districts. An officially appointed chairman will have charge of the recruiting work in each district.

*What One of the Smaller Hospitals Is Doing.* (Extracts from a letter from Miss Hyde, superintendent of nurses, Middlesex Hospital, Middletown, Conn.) We are planning to celebrate Florence Nightingale's centenary with a pageant, entitled *A Century's Progress in Nursing*. We have not worked out all the details yet, but the general scheme is that each class in the school will take charge of one part of the program, and the alumnae the fourth part. The first part is to be a scene from *Martin Chuzzlewit*, introducing Sairy Gamp. The second part will present scenes from the life of Florence Nightingale. The third part will show *The Modern Training School*, from the frivolous probationer to the sedate graduate. The fourth part,—*Fields of Nursing, Open to the Nurse* after *She Graduates*, is to be presented by the alumnae.

We expect to make this a public entertainment. I hope it will give the nurses a great deal of pleasure, and also educate the public. One other point of interest in our school refers to the state meetings in January. I proposed to the pupil nurses that they send a representative from the Senior class to the afternoon and evening sessions. This was accepted with a unanimous vote. Each pupil was taxed 25 cents, and a senior went to New Haven at noon, returning the same night. The next Monday night, instead of our regular study hour, we had a social evening. The nurses gave reports of the meetings they had attended, and refreshments were furnished from the money left over from the expense. We hope in this way to get the members of the training school interested in the state organization before they leave the school. Also, at the first State League session, we had present a member of our Board of Directors, a member of our Training School Committee, who is also a member of our medical board, a member of our Alumnae Association, a Senior pupil nurse, and two members of our graduate staff.

#### NURSES' ADDRESSES WANTED

Laura Logan, Cincinnati Hospital, Cincinnati, Ohio, Secretary of the National League of Nursing Education, has been unable to locate the following members and would be glad to have information about their present addresses: Mathilde Anderson, Mary L. Francis, Edith Madeira, Edith Mayou, Mae E. Morgan, Augusta C. Olson, Laura S. Pratt, Etta L. Robbins, Mae G. Rodger, Amy W. Sanders, Frances Shouse, Katherine J. Steele, Katherine Weber, Mrs. J. J. White, Mrs. Frances A. Worrall, Grace L. McIntyre.

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#### TOO LATE FOR CLASSIFICATION

The Vermont State Nurses' Association will hold its annual meeting in Montpelier, on May 19, at 3 P. M.



## THE DEPARTMENT OF RED CROSS NURSING

IN CHARGE OF  
CLARA D. NOYES, R.N.

*Director, Department of Nursing*

### THE PRAGUE SCHOOL OF NURSING

"We are in our new house at last!" writes Marion G. Parsons, who in company with Alotta Lentell, is organizing a Training School for Nurses under the auspices of the American Red Cross in Prague, Czecho-Slovakia. "The building was started before the war, but was never finished. The Czecho-Slovak Red Cross has bought it, and will use two floors of it for offices, while we have the entrance floor and the two upper ones for the school. It is very difficult to find even a single room here, and absolutely impossible for a private individual to secure one except through a special bureau, so you see the Red Cross was really fortunate to find this building.

"There has been a great deal of interest shown in the work we are doing. We have had over two hundred inquiries from prospective students. Many of the letters are pathetic in their writers' desire for self improvement, and the patriotic spirit they reveal. We expect to take sixty students in this course. About twenty-eight of them will live in the house, these being chosen from among those who come from a distance. Girls having families in Prague will live at home. We hope to arrange to provide luncheon for all who wish it, as many of the people still show effects of undernourishment, and the food which they receive here will be of considerable benefit.

"As there is more or less jealousy and suspicion among the inhabitants of different parts of the new Republic, we feel that we must take students from Moravia and Slovakia as well as from the vicinity of Prague. In this way the school and its standards will become known through the entire country, while we on our part hope to make the course and the home so attractive that our students will be happy with us—some of them have known very little real joy—and also that we may help overcome the prejudice now existing against the nursing profession."

### FROM POLAND

From Edith Benn, Chief Nurse of the Red Cross Commission to Poland comes an account of nursing activities at Warsaw.

"There is a surgical hospital being organized at Wilno, in which we hope that a training school may be established in the future. We

have opened up an orphanage at Bialystok in which six of our unit are stationed. Another has just left on an expedition to southern Russia to bring back Polish refugees. Although the work is not yet completely organized, it is nevertheless progressing, while we hear nothing but the finest reports of the splendid work being done by the nurses."

#### PUBLIC HEALTH NURSING IN SIBERIA

Although only seven Red Cross nurses now remain in Siberia, public health nursing had been organized before the Siberian personnel was withdrawn, in Irkutsk under Grace Harrington, Chief Nurse of the Western Division, formerly a public health nurse in Seattle, Washington.

Opposite the railroad station in this city, in former Chinese shops requisitioned by the Siberian Government for this purpose, the Red Cross had established under public health nurses a typhus clearing station and dispensary. Next door to these was a branch office of the Red Cross Department of Civilian Relief, where applications were received, from which investigations were made and garments given out. This station had a peculiarly advantageous position, for although in the first five days after it opened no sign marked its advent (indeed the old Russian signs still reposed above the one-storied building) poor unfortunates learned quickly of its existence: the typhus beds were filled the first day and the sequence of patients in the first five days doubled and trebled, this in spite of the fact that the Medical Department of the Red Cross maintained a dressing station in cars on the tracks. The typhus ward had twelve beds in it at first, but it was necessary to crowd it to its absolute capacity (eighteen), and then very sick people were turned away. It was not possible to maintain this as a forty-eight hour detention station, for the typhus hospitals in Irkutsk, numerous as they were, were often unable to receive one more patient.

Eva L. Smythe, formerly Red Cross Public Health nurse in Doylestown, Pennsylvania, later spending a year in France in charge of public health work in the Loire region, was in charge of the station. Grace M. Miller, graduate of Jefferson College, Philadelphia, was her assistant.

Three Russian sisters, all immune to typhus, were in the ward and two American doctors were in the dispensary.

Annie L. Williams, a graduate of Long Island College Hospital, was the visiting nurse. Miss Williams has had experience rendering her invaluable in this kind of work. She kept largely to the railroad tracks, visiting "teplushkas" or box cars in which hundreds of refugees made their homes. With an interpreter she visited families,

spreading relief and help wherever she went, sending the sick, if able to go, to the dispensary, or finding a hospital if possible to which they might be removed, and caring for the destitute orphan children. The investigators for Civilian Relief reported, when necessary, cases throughout the city, but as they had a visiting physician working in their department, the work at the railroad station was confined chiefly to the refugees pouring down the line, and those living on the tracks.

As in all public health work, distressing, interesting, pathetic and laughable scenes were enacted every day. A post typhus patient weak from exposure, unable to speak, and with three fingers frozen was taken in. From the few words he wrote the interpreter gathered, that although in no fit condition, he had been turned out of a hospital to make room for a sicker man. He had had no shelter, no adequate covering and two days had brought him to this pitiable state.

A little boy, ill with typhus, lay half a day on a bench in the dispensary awaiting the ambulance which would mean the vacating of a bed in the ward, that he might be shaved and bathed and put into that bed.

One little girl, coming down with some sickness, lay in the dispensary where it was warm all day but had to go back to the railroad station for the night. It seemed a terrible thing to do, but there was no place to put her. What was to be done?

Two very sick babies, one with typhus, one without, occupied the same bed: at different ends to be sure, and the typhus baby had been thoroughly disinfected, but it was not what might be called an ideal arrangement. The baby without typhus was being given a chance for life at any rate and otherwise it would not have had one.

One morning a woman opened her eyes to find her husband in the bed beside her. They had been on their way down the line, refugees from Perm being sent to work in ammunition factories at Harbarovsk. Reaching Irkutsk she had left the teplushka to find the American Red Cross dressing station which someone had told her was on the tracks. The train, contrary to its usual custom had gone on in a very few minutes. The woman had found the dispensary and had been put to bed in the typhus ward in a very serious condition. This was aggravated by the certainty that her husband was lost to her. What was her relief and joy to find that he was beside her, ill with typhus though he might be. He had jumped off the train as it started, loath to leave their scanty possessions, but fearing to lose her. For two days he had lived as he could, sleeping in the railroad station, joining the bread and tea line provided by the government, vainly seeking her. He had then been sent by some one to the American Red

Cross dispensary because he himself had a raging fever. Here he had found her and was happy.

One man arrived at the dispensary demanding a wooden leg. He was a bit peevish about getting it, and said "that he thought that was one of the things the American Red Cross should have in stock." It would have been a good policy considering the number of men that requested them.

The American Red Cross work had come to be known the length and breadth of Siberia, but it was enlarging its scope and getting more familiar contact with the great masses of uneducated (as well as the educated) classes by such work as the public health nurses had instituted in Irkutsk.

#### RED CROSS "MOVIES"

"In Florence Nightingale's Footsteps" is the title of a new Red Cross Nursing Service motion picture, which has been released by the Red Cross Bureau of Pictures. This single reel film opens with a prologue of the Lady with a Lamp as she moved through the Barracks-Hospital at Scutari, shows the preparation of a nurse, from her probation, through the various phases of her course to graduation, and enrollment in the Red Cross, and concludes with several scenes of public health nursing. So that through the Red Cross Nurse the Spirit of Florence Nightingale is still abroad in the world.

The scenes of this picture have been made at two prominent hospitals in New York City. The basic theme of the film is to encourage young women to enter the nursing profession, by showing them the educational advantages offered through a good school of nursing, and also to present to them the opportunities which await them after graduation. In view of the Centenary in May, the scenes relating to Florence Nightingale are particularly timely, and the reel excellently suited to be shown at celebrations commemorating the birth of our Lady-in-Chief.

Further information regarding the use of this film may be secured from "Mr. William E. Waddell, Director, Red Cross Bureau of Pictures, 220 West 42nd Street, New York City."

#### NEWS ITEMS

It is with regret that the Red Cross announces the resignation of Elizabeth Ross, Director, Department of Nursing, New England Division.

Miss Ross has filled this position since the reorganization of the Red Cross and the creation of Divisional offices. She has rendered conspicuous service and developed a spirit of cooperation throughout her division rather unusual in its character.



Bernice Billings, a graduate of the New England Hospital for Women and Children, Boston, Mass., has been appointed to succeed Miss Ross. Miss Billings has had post-graduate training at Johns Hopkins Hospital, has engaged in visiting nursing in Winchester, Mass., has done public health nursing with the Boston Bay Hygiene Association, and until her affiliation with the Red Cross, has been connected with the Massachusetts State Department of Health.

Florence Waters, who was sent to Europe in 1914 on the Red Cross ship Relief as a member of one of its nursing units, has recently returned to America for a three months' visit. Miss Waters has had an unusual experience during this long period, serving in various capacities and localities until her final assignment to the Paris office as assistant to Miss Fitzgerald. She has recently resigned from this position and will follow Miss Fitzgerald to the League of Red Cross Societies as her assistant there.

#### THE RED CROSS CAPE

The most conspicuous article of the nurse's equipment—the Red Cross cape with its scarlet lining,—has been the subject of much anxiety on the part of Red Cross officials, who have made every effort to secure its return and prevent its misuse. The tradition of active service is woven into its very fabric and for this reason its use should be restricted to this purpose. Many nurses have held on to it to the last moment, hoping against hope that they might be allowed to keep it. This little poem written and pinned by one of the nurses to a cape which has recently been returned, seems to express the sentiment felt by many nurses for this article, in quite a remarkable way.

#### GOOD-BYE

I'm handing in my cape to-day  
With its lining bright and gay;  
I've worn it hard; it served me well;  
I'll miss it more than I can tell.  
It kept me warm when winds blew cold,  
There's a caress in every fold;  
And o'er the uniform of white,  
To me it was the prettiest sight!  
It brought good cheer to the soldier's heart,  
In the Great World's War it played its part;  
But now with a tear and a heartfelt sigh,  
To my Red Cross Cape I'll say "Good-bye."

A RESERVE—*Emma Peter.*

## FOREIGN DEPARTMENT

IN CHARGE OF

• LAVINIA L. DOCK, R.N.

### THE SWISS NURSES' ASSOCIATION

A cordial greeting to the international committee in Atlanta came from Oberin Ida Schneider, on a letter-head of the Swiss Red Cross at Berne. Miss Schneider said in part:

The "*Swiss Nurses League*," comprising the whole of Switzerland, upholds the same principles as the "International Council of Nurses," the chief features of which are: a three years' professional training in hospital nursing, combined with an examination and Swiss diploma.

From Switzerland, that island of peace amidst the tempest of the World's War, numberless threads have been spun to all countries, and we are proud to see the profession of nurses called upon to become one of the strongest ties intended to reunite the hostile nations. Is not the humane task of the nurses destined to remove geographical barriers and political prejudices?

May their work in the interest of mankind therefore be a blessed one! We are with you in our thoughts, and send you the heartiest greetings of "*The Swiss Nurses League*."

The League here spoken of is not, however, a self-directing nurses' association in our sense. It is chiefly guided by medical men, and includes medical women. Its president is Dr. C. Ischer, and Miss Schneider is vice-president. Indeed, some nurses tell us that they almost doubt whether Switzerland will ever have a purely nursing association, for there are more obstacles now to such an idea than ever before. But although the form of the Swiss Nurses' League is not adapted to full membership in the International Council, we cordially invite and welcome it as a fraternal delegate to share in all our meetings and doings.

### A FEW WORDS ABOUT ENGLAND

Some of the most admirable and prominent of American nurses who have worked abroad during and since the war, and have had important parts in health conservation plans, think this Department has presented too much the ideas and point of view of one section, only, of the nursing world of England, and that there is much that is excellent and admirable in other sections that we do not notice. This is quite true, but there is a good reason for it. This Department, being written by the secretary of the International Council—a union based on the principle of self-government for the graduate nurse in

associations of her own making—has tried to help and stand by those nurses in foreign countries who have met such great difficulties in gaining what we have here,—freedom to organize professionally and to manage our own affairs.

In going about and meeting people in foreign countries, we have invariably applied this test: Does their influence help or hinder professional freedom? If it hinders, then no matter how charming, fascinating or able in general nursing affairs, we had to list them with the enemy, for this struggle has been a bitter war, and one where the odds were often very uneven.

But now the little David is winning over Goliath, and we may become more mellow and sweet—who knows? Perhaps even to Mr. Burdett!

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#### RECOLLECTIONS OF FLORENCE NIGHTINGALE

BY LINDA RICHARDS

In May, 1877, through the influence of Miss Nightingale, I was invited to visit St. Thomas Hospital Training School for as long a time as I wished. I went to the School and was made most welcome and comfortable for two months. I was given every advantage for observation in everything concerning the school and gained much valuable knowledge.

I had been in the school only a few days when Miss Nightingale invited me to call upon her in her home. I went and was taken by the maid to Miss Nightingale's room,—a large square room in which was a bed so placed that one could go around it without touching it. Upon the bed, dressed in black silk with a pretty lace cap upon her head, was Miss Nightingale. What I noticed particularly was her beautifully shaped head and her clear blue eyes which looked straight into mine. She extended a small, delicate hand which gave mine a very friendly grasp; a chair was placed for me by the side of her bed, and for one hour we talked all about our own and English hospitals and training schools.

While I was there a dainty lunch was served me. Miss Nightingale took particular interest in my work in London, and Edinburgh, advising me regarding the best hospitals to visit, and through her influence I was admitted to King's College Hospital as a visitor and also to the Royal Infirmary of Edinburgh.

She invited me to visit her at her country home in Lee Hurst, where I spent several most enjoyable days, seeing Miss Nightingale some time each day and gaining much from her in every way. She questioned me carefully concerning our methods and the making of our young schools, and when I left her she said, "May you outstrip us that we may in turn outstrip you."

To have had the honor of meeting Miss Nightingale I esteem as one of my greatest blessings.

## DEPARTMENT OF PUBLIC HEALTH NURSING

### IN CHARGE OF

EDNA L. FOLEY, R.N.

*Collaborators:* Mrs. Helen C. LaMalle, R.N., and Mary A. Mackay, R.N.

With no A. N. A. meeting to be held next year, state and section conferences are likely to increase. The Wisconsin Public Health Nurses held their first state conference at the State Capitol at Madison on Tuesday, March 30. There were ninety members present. An interesting program was presented, with addresses and reports.

One of the interesting discussions was on uniforms for the public health nurses, the subject being presented by Elizabeth Cornish. Another interesting paper was read by Aimee Zillmer, who talked on "Methods of Presenting Health Work to School Children."

### MILK AND CHILD HEALTH EXPOSITION

During the week of May 10, Madison Square Garden in New York is to be converted into an exposition park in the interests of Milk and Child Health. It is organized primarily to interest and educate the milk consumers of New York as to the importance of milk as the most nutritious article of diet for children, and to help increase the consumption of milk. The exposition will bring together groups of people interested in milk products, such as milk producers, creamery, butter and cheese manufacturers, ice cream manufacturers, and others. During the week many conventions of societies interested in Child Health, dairy interests and manufacturers will be held in the concert hall of the Garden.

### OPEN WINDOW SCHOOL ROOMS

The Toledo District Nurses Association, of Toledo, Ohio, has been putting out bulletins which have been interesting to the workers in that section of the country, from which we quote the following: "*What is an Open Window Room?* An open-window room is an ordinary school room, heated at night, but not by day. The windows are opened at the top, and canvas screens are inserted at the sides to prevent draughts. The temperature should not fall below 40 degrees Fahrenheit, and the average temperature is about 60 degrees. The children wear sufficient additional clothing to keep them from feeling chilly, and during the winter months are given a cup of hot cocoa in the middle of the morning.

"The first open-window school rooms were used for sick children, but soon it was found that well children were greatly benefited



by them. With sick children it is too late to prevent disease, whereas it has been proved that well children are actually saved from sickness because their resistance is built up.

*"Results in Fulton School.* 1. Gain in Weight. All the children in the open-window rooms increase in weight very perceptibly. In the seventh grade last year the increase in weight was from 5 to 21 pounds in different pupils. 2. Less Fatigue. Both teachers and pupils have little fatigue at the close of the day; some of the teachers say they have none. 3. Benefit to Scholarship. The open-window rooms have been in operation so short a time (three years) that full statistics are not available, but reports show that the average of promotions in the open-window rooms was 92 per cent, compared with 90 per cent in the closed rooms. 4. Fewer Absences from Colds. In the open-window rooms the average number of days absence per room for colds is 31 days; in the closed-window room it is 58 days to March 1st, 1919. 5. Epidemics (a) Scarlet Fever. In the scarlet fever epidemic of 1916-17 there were over 100 cases in the school; only two of these were in the two open-window rooms. (b) Influenza Epidemic. In the influenza epidemic of this year up to March 1st there were 132 cases in the closed-window rooms, an average of 10  $\frac{2}{13}$  cases per room; whereas there were only 27 cases in the open-window rooms, an average of 3  $\frac{3}{4}$  cases per room. 6. Physical Resistance. Medical examinations of the throats of the children in the closed-window rooms show a bright red, inflamed condition of the mucous membrane, whereas the throats in the open-window rooms are a normal, healthy pink.

"The germs of most children's diseases—measles, scarlet fever, whooping cough, tonsillitis, etc.—enter the body through the nose and throat. When these are inflamed the children are unable to resist, and the disease attacks them. But in the case of the children with normal throats, many diseases are actually resisted, or when the children do fall ill, they suffer less severely and recover more quickly."

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#### REPRINTS

Reprints of the Official Directory may be had from the Journal office for ten cents each. Reprints of the list of books handled in the Book Department will be sent without charge, on request.

## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

ALICE SHEPARD GILMAN, R.N.

### AFFILIATIONS AND OUR SCHOOLS OF NURSING

There can be no question regarding the value of proper affiliation for schools of nursing attached to hospitals which do not maintain adequate services for the complete training of the student nurse, but the question which is becoming more urgent each year is whether the affiliations offered by some of our hospitals are educational in value or are simply provided as a means of getting the routine work of the institution done. Perhaps such a purpose is not anticipated, but in reality this is the result achieved.

Principals of these small schools who are seeking affiliation are doing so for the purpose of securing professional preparation for their students and are desirous of obtaining the very best theoretical and practical instruction in the services for which they affiliate. This instruction should consist of regular classes, lectures, demonstrations in practical procedure, proper instruction and supervision on the wards. In fact these superintendents expect that the same amount of effort will be expended in achieving this result as would be given the student in her own training school.

The benefits of such affiliations are not derived wholly by the affiliating student, as institutions offering special services in Obstetrics, Pediatrics, Medical diseases, etc., are very dependent upon the affiliating and post-graduate student. In some instances the institutions are so large that it would be impossible to maintain a training school of sufficient size to care for their patients, and an adequate budget for the appointment of a sufficient graduate staff would be in many cases prohibitive. On the other hand, many of these hospitals consist of special services and would be unable, under the present law, to conduct registered schools, so they must necessarily look to the affiliating or post-graduate student to provide the nursing care for their patients. The affiliating student is more desirable from the standpoint of administration than is the post-graduate student, as she is less transient, due to the fact that she must satisfactorily complete her affiliation in order to qualify for the diploma of her own school. The post-graduate student has no obligation which she feels is great enough to necessitate the completion of her course if she desires to leave at any time. I think I am safe in saying that the

affiliating student is preferred to the post-graduate, and this being the case, the hospitals have a great responsibility to her. Is it fair to expect affiliating students to go to these hospitals for from three months to a year and to work from eight to twelve hours a day, unless such institutions give them the best instruction and experience possible?

On the other hand, those having had experience with the reception of post-graduate and affiliating students have found that such students are often lacking in adequate preparation for any affiliated service; many have never had a Junior, and in some instances not even a preliminary, course. It is very difficult for a school to give an intermediate course to students who have not had proper preparation for it; therefore there is a very great need for closer coördination of the courses of instruction in schools affiliating with each other. Principals of training schools who contemplate affiliating with other schools for services which they cannot give, should arrange their courses of instruction so that they will coördinate with the course given in the hospital with which they affiliate.

No affiliations will prove entirely satisfactory until the courses are worked out along these lines and until more attention is given to the education of the students. The schools receiving these young women cannot give a proper course unless the student has covered her preliminary work and unless proper records of class instruction accompany her which serve as a basis upon which the affiliating school may plan her special service.

The hospital receiving the student in many instances gives little attention to providing proper class work and simply assigns the student to a ward to let her pick up what knowledge she can, few classes being held and very little supervision provided. There has been a great deal of dissatisfaction due to the lack of organized teaching, and the affiliating service which will be sought in the future must consist of a well balanced course of theory and practice, as the young women who are coming into our schools to-day are demanding a course of instruction along a scientific line which will equip them for the intelligent work which the community is demanding. Any tradition that we may have had in the past which has encouraged this type of routine must meet with readjustment in the future if we are to provide nursing care for the sick in our hospitals. It is absolutely out of the question to anticipate going on in the same way as we have for years past.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL

**BEEF BONE SCREWS IN FRACTURES.**—A writer in the *Journal of the American Medical Association* says that bone grafting has become firmly established in surgical practice. Some of the failures are due to fixed approximation of the graft to the bone. He has found this is best achieved by the use of screws made of beef bone, which is usually completely absorbed in from six months to a year. Fresh beef bone, usually the tibia, is boiled an hour and a half to remove the tissue and marrow. It is then sawed into strips, filed, turned to the proper size, pointed, and the head rounded in a lathe. The blank screws are placed for half an hour in petrolatum melted in a double boiler, care being taken not to overheat the mixture. They are boiled at the time of use. The one objection to them is that they are brittle, but they have been used most successfully.

**VITAMIN CONTENT OF GREEN PLANTS.**—The *Journal of Biological Chemistry* states that the leaves of a plant are generally richest in the fat soluble vitamin; next come some roots and last are grains. Fat soluble vitamins occur where certain yellow plant pigments are found. Cabbage, containing little pigment, has a small amount, and lettuce is also scantily supplied.

**HEMOPHILIA.**—The *Revue de Medecine* reports a case in which the intravenous injection of a serum obtained from the blood of the mother was effectual in relieving a case of hemophilia in a boy of seventeen. He had been subject to excessive hemorrhage from birth; the serum caused his blood to coagulate normally in the test tube, and after eleven months' treatment his condition is more favorable than at any time in his life.

**WOMEN IN HEALTH WORK.**—It is stated that women form a large majority of the Consultative Council on General Health Questions, established under the British Ministry of Health. They represent a number of trade organizations and deal with such subjects as the main defects in existing provisions for safeguarding the health of the people and the remedies that should be applied to counteract them.

**INFLUENZA PROPHYLACTIC INOCULATION.**—From experiments conducted for the British War Office, it has been found that the occurrence of influenza in those who had received prophylactic injections was 14.1 per thousand in comparison to 47.3 in those who had not been inoculated. Nearly one-half of those treated received only a third of the dose usually considered necessary.



**FEEDING OF BABIES DURING SECOND YEAR.**—In a paper in the *Journal of the American Medical Association*, by the professor of pediatrics in the Harvard Medical School, it is stated that the proper diet for a baby when it is a year old is milk, a simple cereal, broth, beef juice and orange juice. The most digestible cereals are barley jelly, oatmeal jelly and farina. They should be given at the beginning of two feedings daily, with milk, a little salt, but no sugar. The most common cause of indigestion in childhood is sugar and its products. If a baby learns to eat things without sugar, it learns to like them in this way. When the baby has teeth to chew properly, it may have zwieback, toast, stale bread, or plain white crackers. Chicken, lamb or mutton broth is more digestible than beef broth. Four ounces is enough at once. The squeezed beef juice is the best, two teaspoonsful is enough at first, and two ounces by the end of the second year; more makes some babies nervous and sleepless. Half an egg may be given once or twice a week after eighteen months, and meat and green vegetables after the beginning of the third year; care being exercised especially with the latter.

**TEETH INFECTION.**—In an editorial in the same *Journal*, it is said that Rosenow reports that specific lesions have been produced with bacteria from the various types of dental focal infections, such as gingivitis, pyorrhea, infected pulps, etc. Chronic foci of infection about the teeth are actually or potentially detrimental to the health of persons who harbor them. Pulpless teeth and blind abscesses are considered the most dangerous form of dental sepsis. However, teeth should never be sacrificed unless the indications for removal are clear; there may be other foci of infection.

**RENDERING RIPE OLIVES SAFE.**—It is advised to boil ripe olives for fifteen minutes in the liquid in which they are preserved. It does not materially affect the flavor or texture; the heat destroys the toxin, so the olives can be eaten with safety. It also exaggerates the odor of decomposition and helps to prevent the olives from being served if they are partially spoiled.

**EVIL EFFECTS OF WOOD ALCOHOL.**—Special warnings have been issued against the tragic consequences which may follow the use of wood alcohol, denatured alcohol and medicated alcohol for drinking. These may also be induced by breathing its fumes and by absorption through the mucous membranes of the body. Its effect is usually observed in a very short time after exposure. Within a few hours acute headache is felt, usually accompanied by violent attacks of vomiting, body pains extending over the region of the kidneys, and excessive dizziness. Vision may become impaired, total blindness occur and death result.

## LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

### THE EIGHT-HOUR DAY

Dear Editor: Almost unanimously hospital training schools are adopting the eight-hour duty for student nurses, a much needed improvement which is furnishing ample proof of its own merits, resulting chiefly in better services rendered by the nurses. It is certain that it will be a matter of a short time, only, when this schedule will become compulsory in all hospitals conducting training schools. Under the old system, training schools become places of drudgery wherein the nurses are kept on duty from ten to twelve hours each day, while at the same time they are subject to call after hours. Colleges, and all other institutions of instruction, provide a study period preparatory for each class. In most cases, a girl entering a training school, gives her services gratis, plus a minimum allowance. While students of other institutions of learning are given a certain amount of time to prepare each subject before attending class, the pupil nurse is more often obliged to prepare a subject after long hours on duty, when fatigued, and is therefore unable to do justice to herself. It is not only wronging her, but it is unfair, also, to ask an instructor to give his time for such class work. Yet this very system is still in vogue in some of the hospital training schools. We, as a body of women, belonging to the nursing profession, feel that if more facts regarding these abuses were given publicity it would result in better conditions for the nurses and, in the end, for the hospital training schools. Such institutions as hospitals must be managed on an economical basis but it must be attained through a broader method than by overworking student nurses. It is being noticed that through shorter hours, as good, and even better, service is being obtained. With the necessary amount of rest, a nurse is enabled to work to better advantage while on duty and is also given the opportunity to gain a better insight into her work. It is with these facts in mind that I would suggest a certain study period, which would be compulsory, and it is certain that classes would then become a pleasure to the nurses as well as a source of gratification to the instructors who give their valuable time to help place an institution of their community among the highest of its kind. Another source of dissatisfaction is the fact that nurses are often obliged to spend several weeks over their allotted time without compensation, other than that of students when they should be placed among the wage-earners of their class.

Michigan

B. M. W.

### REASONS FOR STUDENT GOVERNMENT

Dear Editor: As one who has never been a member of such an organization, I submit the following as my reasons why there should be an organized student body in every hospital, and the results I should expect from such an organization. 1. WHY? Because (a) coöperation is the slogan of the day. Work *with*, not *for* only. (b) The student body is the vital part of the "plant" and upon it largely depends the growth and reputation of the plant. Therefore, it should be recognized. (c) The student body is made up of live, thinking individuals, having a personality which should be respected and developed. (A practical suggestion given by an undergraduate might mean the saving of time and energy, so essential in the modern hospital. The factories pay for such suggestions.) (d) The students are to be the leaders of the future, and they must have training to become efficient leaders. (e) The supervisor needs the sympathy and loyalty of the

supervised. This is gained by sharing responsibility with them, thus recognizing the ability of the individuals under her supervision. You gain respect by giving respect. (f) The hospital needs it, for upon its graduates to a large degree depends its reputation and the upkeep of nurses. Having an interest in the plant holds their loyalty, and wherever a square deal is given, they are never afraid of recommending it to others. 2. RESULTS. (a) A more sympathetic feeling between supervisor and supervised. (The supervisor's work would not be half so hard, because of the better understanding between herself and the student body.) (b) There would be a greater degree of efficiency in work, because wherever a person is treated justly, he will work to the limit. (c) The students would be ready to take their places as leaders, having learned how to conduct meetings, mete out justice, and recognize the rights and opinions of others. One might become president of the United States. Who knows? (d) There would be more just rules, punishments, and fewer of them. (e) Wherever the spirit of democracy prevails, it cannot help but attract others. Truth, justice and mercy always win. (f) It should give to the individual a broader outlook on life, a personal interest in the welfare of others, and a more sympathetic attitude toward the world in general.

Ohio

BLANCHE A. WALTER.

## THE SYSTEM OF HOURLY NURSING

Dear Editor: Your editorial in the February *Journal* in which you say that "The services of the trained women should be for the really sick, and her time should not be spent, as is often the case, in duties that belong properly to a lady's maid," moves me to expression on a matter that has long been in my mind, namely: the great waste of knowledge and skill involved when a nurse spends all of her time with one patient. There are, of course, many patients who require expert attention for the entire twenty-four hours of the day, but for one such, there are at least five who could get on very well with expert service for a few hours each day, and instruction of some member of the family or an attendant, in the necessary procedures for the welfare and comfort of the patient between the nurse's visits. If five patients could be cared for by one nurse, four other nurses would be set free to care for other patients who, under the present system, receive no expert care. With new fields of usefulness opening constantly to young women, the shortage of nurses is bound to continue, and instead of waiting for increased numbers, it would seem the part of wisdom to utilize to the fullest, the forces we have, and those to whom the call of our profession will be heard above all competing opportunities for service, and incidentally, for self-support. This plan of hourly nursing was tried by the Chicago Nurses' Directory during the influenza epidemic last winter, and gave nursing care to many patients who otherwise would have been unable to have it. I do not know whether this system has been continued. Those nurses who are interested largely in the financial returns from their work, would find that they, also, would be better off under the hourly, or part time, system; for with the hourly rate of two dollars for the first hour, and fifty cents for each additional hour or fraction thereof, a fairly good income should result without undue exertion. This plan would require an educational campaign to be carried on among the physicians, and the people, but we are getting accustomed to doing educational work, and this would be worth our best efforts if it would mean better care for more people.

Washington

HELEN W. KELLY.

## SERVICE

Dear Editor: Can you imagine my consternation, rebellion and instinctive revolt when I read on the bulletin board one day that I was to have my charge

work on Ward J? Ward J! Of all places, the ward where the filth, scum and stotam of the city were brought, many times only to die. The ward where prophylaxis was a bug-bear, the place for receiving influenza cases. How could I ever endure it? Ernest F. Hoyer didn't know what an influence his article in the March issue of the *Journal* could have on a fellow being, for I had almost decided to go straight home, rather than be subjected to such associations. His tribute to Miss C. made me stop to think a minute. Why did I want to be a nurse, anyway? Surely not to clean up somebody who was too lazy to do it himself, or to minister to a just reaping of sin and wickedness. Alcoholics, rather denatured alcohol poisoning, is rampant just now, and for policemen, several internes, and nurses to be giving lavage to one of its victims, is not an uncommon sight. The hurry, the scurry, the upstiness of things—no, I just wouldn't. Did Miss C. ever rebel? I resolved I'd try to look deeper, for I do know that many are given a poor deal in the beginning of their existence. Right here is an old man of sixty-two, with pediculosis,—a kindly old man; gentlemanly, too; one of the many who follow the line of least resistance, giving always rather than getting; always thinking of the other fellow; getting old, nothing laid by; sick, landing in squalor, and finally kicked into the gutter. Can't you see it? We wonder and question many times, and to me that verse, "To him that hath, shall be given" is ever a problem. I wish I could hear a good sermon on it, for to me it does not seem to be compatible with kindness and unselfishness. Perhaps after a few weeks, I shall find some interesting things to tell about. Just now I question them. I don't want to do a thing at all, unless I can put a spirit of enthusiasm and interest into it.

Massachusetts

L. M. F., Student Nurse.

#### SERVICE IN AN INDIAN RESERVATION

Dear Editor: I feel that a brief account of my experiences as a trained nurse(?) in the United States Indian Service may prove of value to others of the profession who contemplate entering that branch of the Civil Service. When I accepted an appointment and was ordered to the ——— Reservation in New Mexico, the appointment read, a salary of \$840.00 per year, and instructed me to furnish my own transportation—which cost me \$100. Nothing was said regarding the fact that a nurse is required to furnish her own subsistence and laundry. Upon arrival at the agency, after a trip of three days and nights, I reported to the superintendent, a layman, and was requested to fill in several papers relative to the number of degrees possessed and from what college or universities received; special qualification relative to musical talent, etc., but little regarding nursing. Allow me to introduce you to a typical hospital of the Indian Service. A building of wood, containing the following rooms: a medical officers' office, operating-room and dispensary, combined; one bed-room and bath for use of head nurse; one dining-room for patients; a combined drug-room and linen room, and a narrow hallway connecting the dining-room and kitchen, lined with lockers for the patients' clothes. A laundry is located in the basement, where you may wash your own clothing—by hand. The hospital proper consists of four wards, two on either side of the building and containing six beds each. The two inside wards are steam heated, and the outer ones are enclosed by glass windows, and have leaky roofs. There is no provision made in the hospital for births or deaths, the need of either maternity wards or mortuary apparently having been far from the architect's mind. It is indeed an architectural phantasma. The Medical Service, if it may be called such, of the Indian Service is under the Educational Department, and the doctor and nurse, professionally



trained, are subject to the orders of a layman superintendent, who, in the majority of cases, has no conception of hospital management. The nurse is allowed a vacation during the summer months, but the doctor must furnish a relief, paid from his own money. I encountered the following conditions: 24-hour duty, the task of sewing for patients, making dresses, night-shirts, sheets, towels, etc., (needless to say this last task was not even attempted); cleaning the wards, cooking and washing; and, incidentally, nursing; all with the assistance of an Indian girl. Soon after my arrival we had an epidemic of influenza, with twenty patients in the hospital to care for, some with pneumonia, some dying, and three new-born infants. All orders to the nurse are verbal, nothing official. You ask why these things are, and the answer is, "That is the rule of the Indian Service"; but little else could be expected when under the authority of laymen. Recreation is an unknown quantity, not even a companion to talk with, the doctor living a mile from the hospital. A trained or professional nurse is distinctly out of place in the Indian Service; even though they want seamstresses and scrub-girls with college degrees.

New Mexico

M. G., R.N.

#### "HOME HYGIENE" INSTRUCTION IN HIGH SCHOOLS

Dear Editor: A year ago, when I was asked to take over the classes in "Home Hygiene and Care of the Sick" in a certain high school, I was told that the young ladies I would have to teach had all had biology and were "well up" in bacteriology. This made me somewhat nervous, for I did not consider myself at all "well up" in that subject. I had had no trouble in my previous experience in teaching these classes, no embarrassingly scientific questions, couched in technical terms ever were asked me. I had never even thought to be nervous about it, judging that I had enough knowledge of the subject to cover that first chapter in the "Home Hygiene" book. Now the expression "well up" depends on your viewpoint. I decided to take no chances. I bought a few books, interviewed a few friendly bacteriologists and attended two lectures. In other words, I crammed, in the few days I had, before I started my work. After a year's experience with high school girls, I look back on those first days of "watchful waiting" for the too inquiring mind to "stick" me with some question I would not be able to answer, and smile. I found the high school girl quite content to let well enough alone. What I told them, they apparently listened to (the following answers to some of my questions, will show how much of it they absorbed), but they seldom bothered to ask any questions. They were a bit concerned to know whether I considered corsets all right to wear, whether cold cream and powder were harmful to the complexions. I am under the impression that their minds must have been in the same non-registering condition when they studied their biology, for a few have never yet been able to differentiate between bacteria and protoplasm. It seems to be one hazy mass in the minds of most of them, that I have failed to clarify in the few lessons I could devote to that subject. Before I quote from their papers, I want to correct any impression that I am not fond of my girls, for I am. I think I have the nicest girls to be found in any high school. They have both amused and interested me. Their ages range from fifteen to seventeen—the age of great discoveries,—that they have noses to powder and hair to curl—lesser subjects have to wait. Taking this into consideration, I feel the year has been fruitful, in that most of my pupils have passed their tests with fairly high percentages. The following quotations are culled from the papers of the minority, not the majority. Many of the papers of the latter have surprised me, they have shown such a nice understanding of the subject and have

been so well expressed. To the question: Explain the difference between a parasite and a saprophyte: Ans. No. 1. "A saprophyte brings aid to the blood; it is not harmful. A person cannot live without them. A parasite brings trouble to the blood. It is harmful, forms pus in a wound. A person can live without them." (After you study the above you find it all quite true.) Ans. 2. "A parasite lives in a person's body, feeding on the blood, but not necessarily doing any harm. A saprophyte lives in a person's body, feeding on the blood, but does do a lot of harm. It weakens a person, making him susceptible to disease." (I've had a vivid mental picture ever since I read this, of the "lean and fat cows" feeding on a blood red field.) Ans. No. 3. "A saprophyte is a germ in the body, that does not live on other material in the body,—as in measles. A parasite is a germ in the body that can only live by living on a part of the body, as a tape worm." (I have corrected the little lady's impression that a tape-worm is a part of the body.) To the question: Define Protozoa, I received: Ans. No. 1. "Protozoa are micro-organisms that live in the animal life. Seen only through a microscope." Ans. 2. "Protozoa is the way that a disease is spread." Question: Describe Bacilli and Cocci: Ans. No. 1. "Bacilli—that form of bacteria that clings together. Cocci—that form of bacteria that does not cling together." Ans. No. 2. "Bacilli are bacteria that hold together, one growing on the other. Cocci are bacteria." And a few answers to the question: What is Oral Hygiene and how is it accomplished, showed a rather novel misunderstanding of the question. Ans. No. 1. "Oral Hygiene is a lecture on hygiene which is given by mouth. Its purpose is to teach young people to live hygienic lives." Ans. No. 2. "Oral Hygiene is the discussion of the way to take care of one's personal cleanliness." Ans. No. 3. "Oral Hygiene is that after reading it carefully, we talk about it and discuss it." Three of the pupils were confused in their minds as to the terms: Anti-septic, Anti-toxin, Aseptic. Ans. No. 1. "Anti-septic means a person is not apt to take a disease. Aseptic is something to prevent a disease." Ans. No. 2. "Anti-septic—something given to prevent pain." Ans. No. 3. "Anti-septic—something, such as ether, that causes people to fall asleep. Aseptic—something given to clean out the stomach." These answers to questions on what treatment should be given a patient with diarrhoea, colic, chills, made me uneasy as to what might happen in the homes of these young novices. The question was: How would you regulate the diet of a patient having diarrhoea? Ans. No. 1. "A little bit of meat, beef stew, also fruits, a lot of it." Another suggested: "An emetic to thoroughly cleanse the bowels." Still another thought the patient—"Should be given food such as good fried eggs, rice, meats and pies." For treatment for colic the following suggestions: Ans. No. 1. "Turn a baby on its stomach and keep it there until it feels better." Ans. No. 2. "I would furnish the patient with plenty of fresh air and sunlight and keep him away from healthy people." Ans. No. 3. "Give an anaesthetic." For chills, one young lady would: "Smear his body with turpentine and keep him warm." These three definitions of an emetic nearly gave me heart failure: Ans. No. 1. "An emetic is given like if you have a cold and wish to spray your throat." Ans. No. 2. "An emetic is a bandage. There are chest emetics, hip emetics and emetics for all parts of the body for purposes of pressure. They are given to prevent bed sores and are put on like any other bandage." Ans. No. 3. "Emetics are something to empty the bowels. No. 1, A liquid emetic is inserted directly into the rectum by means of a rubber tube,—water is often used for this. No. 2, Mustard and water into the rectum. No. 3, A little capsule inserted into the rectum." Fellow instructors of Home Hygiene in high schools, I know that I have your sympathy.

F. VAN I., R.N.

# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

### THE NURSES' RELIEF FUND, REPORT FOR MARCH, 1920

Previously acknowledged .....	\$4,566.52
Contributions received .....	879.60
Interest on Bonds .....	61.25
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	\$5,507.37
Disbursements:—	
Sent to applicants .....	\$ 135.00
3 Liberty Bonds .....	2,859.23
Exchange on cheques .....	.50
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	\$2,994.73
	<hr/>
	\$2,512.64
13 Bonds .....	13,000.00
2 Certificates stock .....	2,000.00
11 Liberty Bonds .....	11,000.00
1 Liberty Bond .....	100.00
	<hr/>
	\$28,612.64

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, 14 East 50th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, *Treasurer.*

### REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE, TO APRIL 1, 1920

Previously acknowledged .....	\$26,761.34
Receipts since July 1, 1919 .....	460.00
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	\$27,221.34

Cheques should be made payable to the Merchants Loan and Trust Company, Chicago, Ill., and sent to Mary M. Riddle, Treasurer, Newton Hospital, Newton Lower Falls, Mass.

MARY M. RIDDLE, *Treasurer.*

### MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL, BORDEAUX, FRANCE

(Contributions received up to April 15, 1920)

Previously acknowledged.....	\$26,271.98	New York .....	4,301.00
Alabama .....	22.00	North Dakota .....	1.00
California .....	396.51	Ohio .....	209.50
Colorado .....	48.00	Oklahoma .....	5.00

Connecticut .....	382.70	Oregon .....	28.32
District of Columbia .....	5.00	Pennsylvania .....	534.75
Georgia .....	126.18	South Carolina .....	25.50
Illinois .....	332.50	South Dakota .....	1.00
Indiana .....	41.00	Tennessee .....	183.00
Iowa .....	197.65	Texas .....	60.00
Kansas .....	6.00	Utah .....	57.25
Kentucky .....	8.00	Virginia .....	161.25
Louisiana .....	16.00	Washington .....	10.00
Maryland .....	80.00	West Virginia .....	25.00
Maine .....	10.00	Wisconsin .....	47.00
Massachusetts .....	698.00	Jane A. Delano Post No. 344 .....	72.00
Michigan .....	43.00	In Memory of:—	
Minnesota .....	231.25	Mayme Wright .....	36.00
Mississippi .....	23.10	Dora Wessell .....	25.00
Montana .....	3.00	Alice Ashby .....	10.00
Missouri .....	43.00		
North Carolina .....	104.00		\$35,066.44
New Hampshire .....	5.00	Previously acknowledged, 240	
New Jersey .....	180.00	franca.	

## ARMY NURSE CORPS

During the month of March the following transfers have been effected: Chief Nurse Emma A. Byrne from General Hospital No. 23, Fort Sheridan, Illinois, to Camp Hospital, Camp Bragg, North Carolina; Chief Nurse Sarah E. Halloran from the Office of the Surgeon General, Washington, D. C., to Camp Hospital, Camp Dodge, Iowa; Chief Nurse Jessie M. Sarver from General Hospital No. 21, Denver, Colorado, to Army Hospital, Disciplinary Barracks, Fort Leavenworth, Kansas, replacing Chief Nurse Mina Keener, who had resigned; Chief Nurse Clara B. White from Letterman General Hospital, San Francisco, California, to Post Hospital, Rockwell Field, California, as replacement for Chief Nurse Kate Madden, who resigned; Chief Nurse Margaret Knierim from Camp Hospital, Camp Custer, Michigan, to Base Hospital, Fort Sam Houston, Texas; Chief Nurse C. Lulu Mustaine from Camp Hospital, Camp Grant, Illinois, and Chief Nurse Mary E. Beecroft from Camp Hospital, Camp Dodge, Iowa, to Manila, P. I., for duty in the Philippine Department.

Miss Olga A. Hanson and Miss Florence Ruth Nance were appointed in the Army Nurse Corps. Annie O. Baird, Karen E. Beck, Esther Craney, Nellie May Denison, Ethel E. Gibson, Stephanie Masbach, Isabell Miller, Anna M. Moloney, Anna A. Montgomery, Margaret P. Neill, Minnie Nelson, Ada Marie Olsen, Winifred T. Peterson, Mary Stowell, and Ruby Anne Thomas were transferred from the Reserve to the Regular Corps. One hundred seventy members of the Army Nurse Corps were discharged during the month of March.

Because of the continued misunderstanding of the Revenue Act of 1913, Section 1406, which authorizes the payment of \$99.00 to "all persons serving in the military or naval forces of the United States during the present war who have, since April 6, 1917, resigned or been discharged under honorable conditions (or, in the case of reservists, been placed on inactive duty)," the following decision of the Judge Advocate's Office in a contested claim is quoted:

"This amount shall not be paid to any person who though appointed or



inducted into the military or naval forces on or prior to November 11, 1918, had not reported for duty at his station on or prior to such a date."

"It must be remembered that this statute bestows a gratuity and that where it is purely voluntary its payment must be made and accepted in exact conformity with the terms of the grant, and must be subject to all the limitations, conditions, and exceptions therein contained."

Furthermore the Comptroller of the Treasury on April 17, 1919, ruled that the principle involved in the following paragraph is applicable to the cases of Reserve Nurses who are relieved from active duty as such for appointment as nurses in the Regular Corps:

"Under section 1406 of the Act of February 24, 1919, authorizing payment of \$60 to persons who have served in the military or naval forces during the war and who have resigned or been discharged under honorable conditions, the resignation or discharge contemplated is one which effects a separation from the service and not a resignation accepted or discharge given in the regular course of procedure solely for the purpose of enabling the person to reënter the service in another branch or sub-division thereof."

In acknowledgement of the invitation sent to Dame E. Maud McCarthy to visit this country, Miss McCarthy sent the following letter to the military attache of the American Embassy in London, through whom the invitation was transmitted:

"47 Markham Square, Chelsea, S. W. 5, 15-3-20.

"Dear Colonel Tolbert: I have the honor to acknowledge the receipt of your letter of the 11th instant and to thank you for it.

"Will you please convey to the Adjutant General in Washington my deep appreciation of the great honor which has been conferred upon me and through me upon the British Nursing Service by the Army Nurse Corps, and express my keen regret that I am not able to avail myself of their generous invitation; by which I have been deeply stirred, and of the great compliment that it implies I am deeply sensible?

"I have delayed answering your letter before in the hopes that it might have been possible to arrange matters in such a way as to render acceptance possible. That circumstances have placed this beyond my power will ever constitute for me one of the lost opportunities of my life, which I shall remember with a regret with which however both pride and gratitude will always consolingly be associated.

"I have the honor to be, yours faithfully,

"E. A. MCCARTHY.

"Colonel Tolbert, Military Attache, American Embassy."

The Nurses' Rest House, Riverdale-on-Hudson, New York, closed April 2, 1920. This beautiful home of Cleveland H. Dodge has been devoted since November 1, 1918, to the rest and recuperation of tired and convalescing nurses. Miss M. A. Winalow, Chief Nurse, who has been in charge, submitted the following figures as her final report:

*For Rest and Recuperation*

Army Nurses (nurses and reserve nurses) .....	308
Navy Nurses .....	5
Red Cross .....	28
Student nurses .....	12
Reconstruction aides .....	6
Dietitians .....	9

Other civilian employees .....	7
French nurses (students at Columbia College) .....	2
Nurses in British service .....	2

Total number of guests ..... 379

The entire expense of the Rest House has been defrayed by Mr. Dodge, whose kindness to the nurses and others who have benefited by his hospitality will long be remembered.

JULIA C. STIMSON,  
*Superintendent, Army Nurse Corps.*

### U. S. PUBLIC HEALTH SERVICE

Mrs. G. C. Hough has been appointed as Supervising Nurse for the nurses of the Federal Board for Vocational Education. Mrs. Hough's appointment was recommended through the United States Public Health Service and the nurses for appointment with the Federal Board will still be recommended through the Public Health Service. Mrs. Hough has a wide experience in public health nursing, and served with distinction in France under the American Red Cross, where she was decorated for the excellent work which she accomplished.

The following have been appointed Chief Nurses in the United States Public Health Service during the month of March: Mary R. Swann, headquarters at Washington, D. C.; Mary Culbertson, U. S. Marine No. 11, Louisville, Ky.; Viola Robinson, U. S. P. H. S. Hospital No. 42, Perryville, Md.; Eunice Moxley, U. S. P. H. S. Hospital No. 40, Cape May, N. J.; Bess Thompson, U. S. P. H. S. Hospital No. 43, Ellis Island, Island No. 3; Ora Bruchmiller, U. S. P. H. S. Alexandria No. 27; Lizzie Grant, acting Chief Nurse, U. S. P. H. S. Hospital No. 49, Philadelphia, Pa.

The following were promoted to Assistant Chief Nurses: Bessie Warwick, St. Louis, No. 35; Bessie Whittaker, St. Louis No. 35; Gertrude Stowell, Perryville No. 42; Kate Lovett, Stapleton, No. 21.

There are at present 967 nurses on duty in the various hospitals of the U. S. Public Health Service.

Arizona: Tucson.—THE PIMA COUNTY NURSES' ASSOCIATION held its monthly meeting April 1, in Odd Fellows' Hall. There were sixteen members present. They voted unanimously to support the Jones-Raker bill for rank for army nurses. The president has written both the senators in behalf of the bill.

Connecticut: New Haven.—CONNECTICUT TRAINING SCHOOL ALUMNAE held a meeting in April, at which time E. C. Carpenter spoke on Americanization. Miss Landis told of the needs of the school, and made suggestions for the recruiting of applicants. Rose Heavren was appointed chairman of a committee to make a report on the activities of graduates, at the time of the fifteenth anniversary of the school. Lily Watts, class of 1913, has been appointed assistant in the operating room. Florence Moran is now night supervisor. Elizabeth Bigelow is in charge of public health nursing in Meriden.

Delaware.—THE BOARD OF REGISTRATION OF NURSES will hold an examination at Delaware Hospital, Wilmington, June 7. All applications must be filed ten days in advance. For further information, address Florence J. Thomas, secretary, Delaware Hospital, Wilmington.

Florida.—THE FLORIDA STATE BOARD OF NURSES' EXAMINERS will hold an examination of applicants for registered nurses in Jacksonville, June 7 and 8, and for practical nurses on June 9, at St. Luke's Hospital. For further

information, address L. B. Benham, secretary-treasurer, No. 738 Talleyrand Avenue, Jacksonville. **Miami.**—THE CITY BOARD OF HEALTH, with the assistance of Dade County Anti-Tuberculosis Association and the Miami Women's Club has organized a nursing service for the benefit of all the people of the community needing nursing care. It is planned to care for all sick people who require nursing service; to give prenatal instruction wherever desired, to visit every new-born baby, to examine every child of less than school age at least once a year, to examine all school children at least once a year, and to discover and care for all cases of tuberculosis. The nursing work is to be done under medical supervision, and is to be on the visit basis. Mrs. Mary E. Carter is organizing the work, with Mabel Gray as her assistant. There are also two colored nurses, both of whom are graduates of recognized training schools, who are engaged in the work.

**Georgia: Atlanta.**—THE ATLANTA REGISTERED NURSES' CLUB held a reception on the afternoon of March 20, followed by a dance in the evening when the new home at 110 Luckie Street was formally opened. It will accommodate 110 nurses, has four small parlors, a large reception room, a large dining room, suitable for entertainments and dances, offices, and is in every way equipped to make a model home. The club was organized in 1913, and has occupied one apartment, then two, then six, and finally has built this club house especially for its own use. The club has 150 active members and its registry has 250 members.

**Idaho.**—THE DEPARTMENT OF LAW ENFORCEMENT will conduct an examination for the registration of nurses on June 8, at the State Capitol, Boise. Paul Davis, Director, Bureau of License.

**Illinois.**—THE STATE BOARD OF NURSE EXAMINERS will hold examinations in Chicago May 14 and 15. Applicants should write the Department of Registration and Education at Springfield for necessary blank applications and instructions. Applications with fee and necessary proofs must be on file in the office of the department not later than May 4. **Chicago.**—THE ALUMNAE ASSOCIATION OF PASSAVANT MEMORIAL HOSPITAL has started an active campaign for funds to endow a room for sick nurses. **HELEN W. KELLY**, formerly of the Chicago School of Civics and philanthropy, is county nurse of Grant County, Washington. The following nurses have been assigned to the United States Public Health Hospitals: Emma C. Bevell to San Francisco, California; Margaret Cameron to Palo Alto, California; Jessie Dickson to Baltimore, Maryland; Amelia M. Westby to Baltimore, Maryland; Catherine M. Murphy to Chicago No. 2; May Esson to Polyclinic Hospital, New York. Stella Fuller, former assistant director to Minnie Ahrens of Central Division, has taken up work with the National Organization of Public Health Nursing, and will spend some time in Chicago and New York. Afterwards, she will open a branch office in Atlanta, Georgia. Marie Gannon, former Field Director of Central Division, fills the place left vacant by Miss Fuller. Sarah Crosby has been appointed instructor in Elementary Hygiene and Home Care of the Sick at Rhinelander, Wisconsin. Martha Panzlau has accepted the position of public health nurse in Armour, S. D. Lulu Boone, class of 1913, Wesley Memorial Hospital, has been assigned to U. S. Marine Hospital No. 7, at Detroit, Mich. Meta Jane Elliott, class of 1917, Presbyterian Hospital, has resigned her position as assistant night supervisor of the Presbyterian Hospital. Miss Elliott will leave soon for California. Hilda Stickley, class of 1916, Presbyterian Hospital, has taken charge of Central Free Dispensary. Miss Stickley has been in army service. Rose Gustar Armstrong, formerly industrial nurse for the Peoples Gas Co., Chicago, has received the appointment of rural nurse of Cook

County under the Board of Commissioners. Frances Brown, of the Rural Nursing Service of Cook County, has resigned to take a teaching position with the Red Cross in Chicago. Miss Brown is a graduate of St. Luke's Hospital. Hettie Gooch, field supervisor with the Cook County Public Health Division, has resigned to take charge of the school work in Harvey. She is a graduate of St. Luke's Hospital. Cora Queen, formerly with the Visiting Nurse Association of Chicago, has been appointed to take charge of the Community Nursing Service in Gross Point. Springfield.—AN IMPORTANT CIVIL SERVICE EXAMINATION for public health nurses will be convened in Illinois May 8 for the position of state supervising nurse of the State Department of Health. The examination is unassembled. Application blanks may be obtained from the State Civil Service Commission, Springfield. ANNE TRILINGHEAST has been appointed field supervisor for the Illinois State Tuberculosis Association. Joliet.—LOIS LOWE, formerly with the Department of Health of New York City, has received the appointment of county tuberculosis nurse for Will County, with headquarters at Joliet.

Indiana: Ft. Wayne.—HOME HOSPITAL graduates are reported as follows: Elizabeth Melville, class of 1902, is taking a public health course in Cleveland, Ohio, preparatory to doing public health work in Ft. Wayne. Inez M. Slough, class of 1906, has resigned her position in Huntington Hospital and has gone to New Orleans, La. Ellen Zirkle, class of 1912, has been appointed county school nurse of Allen County. Elizabeth Holland, class of 1908, is anti-tubercular nurse at Kendallville. Mrs. Rilla Files Mooney, class of 1903, has resumed the position as superintendent at Van Wert County Hospital. Lafayette.—LAFAYETTE GRADUATE NURSES' ASSOCIATION has been absorbed by Indiana Fourth District, which will hold its next meeting at The Home Hospital, May 11. THE HOME HOSPITAL ALUMNAE ASSOCIATION holds regular monthly meetings at the hospital, where they conduct a central directory for all registered nurses in the city. Its board of directors is appointed by the executive board of the district. Its officers are: President, Mrs. Bonnie Geas; secretary, Ida Burkhardt; treasurer, May Billiard. Indianapolis.—DISTRICT No. 4, INDIANA STATE NURSES' ASSOCIATION, met March 9, at Dr. W. B. Fletcher's Sanatorium. Dr. Ada E. Schweitzer gave an interesting address on Child Welfare. A delegate was appointed to the Atlanta convention. Directors were appointed for the Central Directory for Registered Nurses. Following the business meeting there was a musical program and social hour. THE STATE LEAGUE OF NURSING EDUCATION met March 18 at Indianapolis City Hospital. The shortage of applicants for the training schools was discussed, and it was agreed that further effort should be made to bring the nursing profession before the high school pupils. Zola Payne, class of 1919, Indianapolis City Hospital, sailed February 21 for Korea, where she was sent by the Methodist Church. Della Elwell, class of 1915, Indianapolis City Hospital, is doing private duty in Philadelphia. The Indianapolis City Hospital alumnae presented a service flag to Taylor Smith Copeland, father of Grace Copeland, a City Hospital graduate, who died in England. The Protestant Deaconess Hospital Alumnae Association will present a flag to the Hamilton-Berry Chapter of the Service Star Legion. Miss Hamilton and Miss Berry were graduates of Deaconess Hospital. The Berry-Copeland Post, No. 126, of the American Legion, now has a membership of thirty-two. Elkhart.—DISTRICT No. 2 OF THE INDIANA STATE NURSES' ASSOCIATION held its regular meeting in the Nurses' Home of Elkhart Hospital. The following resolution was adopted: "Resolved, That the nurses of District No. 2 take an active interest in promoting health among young women. Also that each nurse act as a committee of one to inform high school



girls of the opportunity of nursing and help the recruiting of training schools." Following the meeting, refreshments were served by the Elkhart Alumnae Association. Ft. Wayne.—LUTHERAN HOSPITAL ALUMNAE are reported as follows: Pauline Huser is Red Cross visiting nurse in Allen County. Anna Holtman is principal of the Lutheran Hospital Training School. Lottie B. Keller is night supervisor. Marian Moore and Betty Sherman are doing public health work in South Bend. Meta Borneman is industrial nurse at Bremen. Five members of the alumnae attended the Atlanta convention.

Kansas.—THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for state registration at the National Hotel, Topeka, May 26 and 27. Applications should be filed not later than May 16 with the secretary of the board, Sister Mary Helena, St. Barnabas Hospital, Salina. THE KANSAS STATE NURSES' ASSOCIATION will hold its ninth annual meeting in Wichita, May 21 and 22. Since so many problems affecting the profession will be brought up at this meeting, and as an excellent programme has been prepared, a full attendance is expected. The Interstate Secretary, Adda Eldredge, will be present.

Louisiana.—THE LOUISIANA NURSES' BOARD OF EXAMINERS will hold examinations in New Orleans and in Shreveport, June 28, 29, and 30. For further information apply to Dr. J. S. Hebert, acting secretary, 1121 Maison Blanche, New Orleans. LOUISIANA STATE NURSES' ASSOCIATION held its convention February 26, at Charity Hospital, New Orleans. The convention was well attended. Luncheon was served at Charity Hospital, as well as refreshments in the afternoon during the social hour. Addresses were made by Dr. Alexander Johnson, Dr. John T. Crebbin, Mrs. J. D. Alpha, Celeste Janvier, and Dr. Bena Crawford. The new state constitution was adopted, and the state was divided into six districts. Shreveport, Alexandria, Monroe, Lake Charles, Baton Rouge and New Orleans will be the centers. The following officers were elected: President, Mrs. Lena H. Cross, New Orleans; vice presidents, Sara C. Murphy, Monroe; Mrs. J. E. Haley, New Orleans; secretary, Mrs. Ethel D. Harriss, 4810 Prytania Street, New Orleans; treasurer, Mrs. Clara McDonald, New Orleans; counselors, Clara Fromberg, Mrs. A. L. MacGaugen, Mrs. Kate Foley, A. D. Winters, Daisy Rose, Vianna Fletcher, L. A. Daspit, Mrs. J. D. Alpha, Sallie E. Lawrence, and Celeste Janvier. Chairmen of committees are: Legislative, Sarah Babb; Credential, Mrs. Caroline Elliott; Nominating, Minnie Mims; Program, Juanita Bayhi; Printing, Marie Guterres.

Maryland.—THE MARYLAND STATE ASSOCIATION OF GRADUATE NURSES is formulating plans for a Nightingale Centennial to be held in May. A meeting of the superintendents of the training schools was held April 19, to make plans for a celebration on May 12. The pupil nurses as well as the graduates from the schools throughout the state will be invited to attend the meeting in uniform. Dr. William H. Welch, Johns Hopkins University will preside and the celebration will consist of a series of tableaux setting forth interesting events in the life of Florence Nightingale as well as addresses by prominent speakers that will do honor to the founder of modern nursing. The morning service on May 9, at old St. Paul's Episcopal Church, Rev. Dr. Arthur B. Kinsolving, rector, Charles and Saratoga Street, Baltimore, will be a Nightingale Centennial service. The nurses from all over the state are urged to attend.

Massachusetts: Boston.—THE MASSACHUSETTS GENERAL HOSPITAL ALUMNAE ASSOCIATION held its twenty-fifth anniversary February 14. Special features of the meeting were a paper read by Mary E. P. Davis on the History of the

Organizing and Early Days of the Alumnae Association, and one read by M. S. Hollingsworth on Some Things the Alumnae Association Accomplished Since its Organization. There were lantern slides and tableaux, after which a social hour was enjoyed in the Nurses' Home.

**Minnesota: Duluth.**—DISTRICT No. 2 held a meeting, March 12, at the Y. W. C. A. The need of a central directory was discussed, through which it is believed the public can be better served, and rates regulated. A new schedule of fees was endorsed, as well as a system of hourly nursing. Fifty dollars was subscribed to the Memorial Fund, and a delegate to the Atlanta convention was elected. The annual meeting of the second district will be held in Duluth in May.

**Missouri: St. Louis.**—LUTHERAN HOSPITAL ALUMNAE were entertained at their March meeting by Mrs. A. Uhl, class of 1900. A very enjoyable evening was spent. ST. JOHN'S HOSPITAL ALUMNAE are planning a banquet for the 1919 and 1920 classes, and for the nurses who served during the war. JEWISH HOSPITAL GRADUATES are reported as follows: Margaret Keet, class of 1916, is supervisor of the Red Cross visiting nursing at Springfield, Mo. Katherine Koenig, class of 1917, is supervisor, operating room, Jewish Hospital. Elsa M. Warner, class of 1913, is superintendent of Jewish Dispensary. Mae Auerbach, class of 1913, is superintendent of Jewish Shelter House. Adela Steinmetz, class of 1919, is laboratory technician of Jewish Hospital. Olive George has resigned from Miriam Convalescent Home, Webster Groves, and is attending Columbia, Mo., University.

**Nebraska.**—THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold an examination in Lincoln and Omaha, May 24 and 25. H. H. Antles, Secretary, Lincoln. DISTRICT No. 3 held its second annual meeting in Lincoln, January 13. The association voted to give \$100.00 towards the expenses of a nurse to represent the district at the Atlanta convention. It also voted to give \$30.00 towards a state delegate. Dr. H. W. Orr gave an address on The Care of the Feet, and Dr. George W. Covey talked on the effects of local infection. The following officers were elected: President, Lala Abbott; vice presidents, Clara Crouse, Nelly Bengtson; secretary, Grace French; treasurer, Clara Rhodes; directors, for three years, Harriett Patterson; two years, Mrs. Max Westerman; one year, Belle Beachly.

**New Hampshire.**—THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE held its quarterly meeting in Eliot Hospital, Manchester, March 10. In the absence of the president, Miss Shepard, Ednah Cameron presided. Reports were made and delegates were chosen to attend the Atlanta convention. Five dollars was appropriated to the Mercy Home, Manchester. Letters of appreciation were read from various associations. The association voted to raise money for the Memorial Fund by personal subscription. Miss Eldredge, Interstate Secretary, gave an interesting address. Dr. Weaver spoke on Venereal Diseases.

**New Jersey.**—THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold examinations June 13, in the State House, Trenton, N. J. Applications must be filed with the secretary-treasurer at least fifteen days prior to date of examination. Apply to Elizabeth J. Higbid, 302 McFadden Building, Hackensack. THE NEW JERSEY STATE NURSES' ASSOCIATION held its annual meeting April 6 at the Nurses' Home of the Newark City Hospital, Newark. A splendid representation of members was present. Miss Paula Laddy addressed the meeting. The reorganization of the state association into districts has been completed. The semi-annual meeting will be held at Camden in November. The following officers were elected: President, Jennie M. Shaw, Newark; vice-presidents, Catherine

Knox, Plainfield; Mabel L. Hall, Red Bank; secretary, Mabel Graham, Weehawken; treasurer, Elizabeth Pierson, East Orange; trustee, Carolyn Schmecker, Newark. Long Branch.—DISTRICT No. 4 held a meeting recently at the Nurses' Home, Monmouth Hospital, Adda Eldredge, Interstate Secretary, was present and addressed the assembly. Miss Eldredge spoke of the pioneers and compared the work which they did with the work of the nurse of today. She urged loyalty and coöperation in the training school, the alumnae and our other nursing organizations. THE MONMOUTH MEMORIAL HOSPITAL held graduation exercises for the class of 1920 on the evening of April 9th, in the Intermedial School auditorium. A reception followed at the Nurses' Home. There were seventeen graduates.

New York.—WESTERN NEW YORK, DISTRICT No. 1, held its monthly meeting in the Nurses' Home of Buffalo General Hospital, March 17. The district decided on a schedule of hours and rates for nurses. Announcement was made that a public health course for nurses will be given in the fall, enrollment to be made August 31. A delegate to the Atlanta convention was appointed. Following the business meeting there was a social hour, with the Buffalo General Hospital Alumnae as hostesses. District No. 2, Rochester.—THE GENESEE VALLEY NURSES' ASSOCIATION met at the Club House on March 30 and elected eight delegates to the convention at Atlanta. A social hour followed the business meeting. Mary L. Keith, superintendent of the Rochester General Hospital, gave a delightful tea on the afternoon of March 24. ST. MARY'S HOSPITAL ALUMNAE ASSOCIATION held a regular meeting at the hospital March 29. A delegate to the Atlanta convention was elected. Plans were made for a card party to be held on April 7. Ogdensburg.—FIVE SENIOR NURSES of the St. Lawrence State Hospital School, who have been affiliating at Bellevue Hospital, have returned to complete their course. A CORRECTION: The April JOURNAL gave Agnes Gibney as president of the New York Counties Association. She is vice president. Agnes D. Ward is president.

North Carolina.—NORTH CAROLINA STATE NURSES' ASSOCIATION will hold their annual meeting June 1, 2, 3 and 4, at the Swelyn Hotel, Charlotte. THE BOARD OF EXAMINERS OF TRAINED NURSES OF NORTH CAROLINA will meet in Raleigh June 8-10, to examine applicants for certificates of registration to nurse professionally in the State. Headquarters will be at the Yarrowborough Hotel.

Ohio.—THE OHIO STATE ASSOCIATION OF GRADUATE NURSES will meet in annual Convention May 11-12, in Cincinnati. All nurses are urged to attend, as it is hoped that this Convention will be a very large one. The meetings will be held at the University of Cincinnati College of Medicine and the Cincinnati General Hospital. Headquarters will be at Hotel Gibson. DISTRICT ASSOCIATION No. 1 of OHIO STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting at the Nurses' Home of the City Hospital of Akron, January 13. Frances Ott was the speaker, her subject being The Present Problems of Private Duty Nursing. Following the meeting tea was served by Mrs. Lynette Vandervort, director of Nurses of the City Hospital. The following officers were elected: President, Marie A. Lawson; vice-presidents, Mabel Firestone, Clara F. Brouse; treasurer, Lulu Tuttle; secretary, Merry Echols. DISTRICT No. 3 held a meeting at St. Elizabeth's Hospital, Youngstown, on March 19. Claribel A. Wheeler was the speaker. Miss Wheeler brought out very clearly the needs and responsibilities of the nursing profession. DISTRICT No. 11 held a very well attended meeting at the City Hospital, Springfield, on March 2. Miss A. C. Gladwin was the speaker. Refreshments were served. ANNA C. GLADWIN, Field Secretary of the

State Association, has been making a tour of some of the small towns of the State in an effort to interest students of high schools and colleges in nursing. Akron.—**Mrs. BETSY HARRIS** is instructor of Nurses at the City Hospital. Cleveland.—**HARRIET L. LESTER**, formerly superintendent of the Babies Hospital and Dispensary, and later engaged in children's work in France, has been appointed Director of Field Work for the American Child Hygiene Association, with headquarters at Baltimore. **THE NURSES' ALUMNAE ASSOCIATION OF ST. VINCENT'S CHARITY HOSPITAL**, program committee, entertained the student nurses and Sisters of the community at a social given in the amphitheatre of the Hospital on March 2. Dr. Anthony Lanza was the speaker of the evening. Refreshments were served. Van Wert.—**DISTRICT NO. 13 OF GRADUATE NURSES' ASSOCIATION OF OHIO** met on March 29 at Nurses' Home of Van Wert County Hospital. Dr. Church gave an interesting talk on Health Problems. The prices of private duty nurses were fixed at five, six and seven dollars a day. After the business meeting luncheon was served.

Pennsylvania.—**THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES** will hold an examination in Pittsburgh and Philadelphia and such other places as may be necessary during the months of June, October and November. Philadelphia.—**SAMARITAN HOSPITAL ALUMNAE** held a reunion February 17, in the Nurses' Home. A pleasant afternoon was spent. On January 17 the Association gave a concert and dance at the Lulu Temple for the benefit of the Hospital. Thirty-six members of the Association served during the war; seventeen in foreign service. Fourteen are still in the service. Edna L. Moore, former instructress at Samaritan Hospital, has resumed her former position. Meeda Lehman, graduate of Samaritan Hospital, has resigned her position as a staff nurse at Atlantic City Hospital, and has returned to Philadelphia to engage in private duty nursing. **ALUMNAE OF THE GERMANTOWN DISPENSARY AND HOSPITAL** have accepted positions in the hospital as follows: E. Blanche Soule, class of 1910, is directress of nurses; Mary A. Crawford, class of 1905, is night supervisor; Sara S. Smith, class of 1914, is operating room supervisor, Free Building. Pittsburgh.—**PITTSBURGH HOSPITAL NURSES' ALUMNAE** held their quarterly meeting March 11, at the hospital. There was a large attendance. Dr. A. R. Matheny addressed the meeting on New Methods in Surgery. A delegate to the Atlanta convention was elected. Lancaster.—**ST. JOSEPH'S HOSPITAL ASSOCIATION** entertained District No. 1 of the Pennsylvania Graduate Nurses' Association on March 18 at the Iris Club. Dr. C. Howard Witmer gave a very interesting lecture. A very profitable meeting was held, after which lunch was served. **ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION** elected the following officers at their annual meeting: President, Mary C. Warner; vice-president, Frances Hosteller Essler; secretary, Minnie F. Ebenhade; treasurer, Elizabeth Shreiner. A delegate to the Atlanta convention was also elected. Norristown.—**MONTGOMERY HOSPITAL NURSES' ASSOCIATION** held a card party recently, at which time \$185.00 was raised for the Endowment Fund of the hospital.

Texas.—**THE STATE BOARD OF NURSE EXAMINERS** will hold examinations, June 4 and 5, at 9:00 A. M., in the following cities: Dallas, Temple, Houston, San Antonio, El Paso and Paris. **THE TEXAS GRADUATE NURSES' ASSOCIATION** will hold its annual meeting, May 4, 5 and 6, at Austin. A program will be carried out jointly by the State Nurses' Association and the State League. Austin.—**SETON INFIRMARY** graduate nurses raised funds among themselves to buy an artificial leg for a poor boy who had lost one in an accident, and to send him to Dallas to have it fitted.



**Utah.**—UTAH STATE ASSOCIATION OF PUBLIC HEALTH NURSES held its monthly meeting at Salt Lake City, April 2. Dr. Helmina Jeidell and Rose Henniger discussed the work of Child Health Centers, and discussion was led by Rose Korous. Miss L. B. Arthur outlined the plans for the development of child health work in the state.

**Virginia.**—THE GRADUATE NURSES' ASSOCIATION will hold its meeting May 25, 26 and 27 at Norfolk.

**Wisconsin.**—THE COMMITTEE OF EXAMINERS OF REGISTERED NURSES will hold examinations in the City Hall, Milwaukee, June 22 and 23. Applications must be filed ten days in advance. Apply to Myra W. Kimball, R.N., City Hall, LaCrosse. THE WISCONSIN STATE LEAGUE OF NURSING EDUCATION held its semi-annual meeting in Milwaukee, March 10. The League voted to send a delegate to the meeting of the National League of Nursing Education. Dr. C. Ruhland, the Commissioner of Health of Milwaukee, and Mrs. Henry H. Morgan, Director of the Bureau of Child Welfare and Public Health Nursing, were the speakers of the day.

**Wyoming.**—THE WYOMING STATE BOARD OF NURSE EXAMINERS announces examination for registration of graduate nurses to be held in Rock Springs and Sheridan, May 24, 25, and 26; and in Cheyenne, June 2, 3, and 4. Applications should be filed with the secretary in advance of the examination. Mrs. H. C. Olsen, Secretary, Cheyenne.

#### BIRTHS

On December 7, a son, to Mr. and Mrs. R. C. Lutz. Mrs. Lutz was Esther Swensen, class of 1918, Long Island College Hospital, Brooklyn, N. Y.

On March 9, a son, to Mr. and Mrs. Howard McFadden. Mrs. McFadden was Ethel Hannann, class of 1918, Long Island College Hospital, Brooklyn, N. Y.

On September 25, in New York, a daughter, Margery, to Mr. and Mrs. Erakine Sanford. Mrs. Sanford was Fanny R. Howe, class of 1911, New England Baptist Hospital, Boston.

On March 5, a son, to Mr. and Mrs. George Reubsman. Mrs. Reubsman was Gertrude Whitman, class of 1917, Charity Hospital, Norristown, Pa.

On March 10, a son, to Mr. and Mrs. George G. McClintock. Mrs. McClintock was Beatrice Uhrich, class of 1914, Presbyterian Hospital, Philadelphia.

On March 7, a daughter, to Mr. and Mrs. Lewis Link. Mrs. Link was Ethel Jean Hamilton, class of 1916, Presbyterian Hospital, Philadelphia.

On February 18, at West Newton, Mass., a daughter, to Mr. and Mrs. G. W. Talbot. Mrs. Talbot was Laura B. Anderson, class of 1915, Rhode Island Hospital, Providence, R. I.

On February 3, at the Eleanor Moore Hospital, Boone, Iowa, a son, James Richard, to Mr. and Mrs. A. J. Kading. Mrs. Kading was Virginia McKee, class of 1918, St. Joseph's Hospital, St. Paul, Minn.

On December 24, in Leavenworth, Kansas, a son, to Mr. and Mrs. Reif. Mrs. Reif was Helen Winter, graduate of Christ's Hospital, Topeka, Kansas.

On February 6, in Centerville, Iowa, a son, Robert Campbell, to Dr. and Mrs. Harry W. Benjamin. Mrs. Benjamin graduated from Wesley Memorial Hospital, Chicago, in 1917.

On March 31, in Chicago, a daughter, to Dr. and Mrs. Andy Carr. Mrs. Carr was Ruth C. Bennett, class of 1914, Presbyterian Hospital, Chicago.

On March 27, in Sayre, Pa., a daughter, to Mr. and Mrs. Frank Haggerty.

Mrs. Haggerty was Josephine Booth, class of 1914, St. Joseph's Hospital, Reading, Pa.

On March 18, in Indianapolis, Ind., a son, to Mr. and Mrs. Louis Herbst. Mrs. Herbst was Allie Loveall, class of 1915, Indianapolis City Hospital.

On March 21, in Indianapolis, Ind., a son, to Mr. and Mrs. Benjamin Bruns. Mrs. Bruns was Mabel Battenberg, class of 1911, Indianapolis City Hospital.

On November 1, at Harrisburg Hospital, Harrisburg, Pa., a son, to Dr. and Mrs. Andrew Griest. Mrs. Griest was Mae Gorman, class of 1915, Harrisburg Hospital, Harrisburg.

On March 11, in Tilden, Neb., a son, to Mr. and Mrs. Bruno Hanson. Mrs. Hanson was Lena Preuner, class of 1910, Lutheran Hospital, St. Louis, Mo.

On March 15, a daughter, to Dr. and Mrs. H. P. Graul. Mrs. Graul was Alice Haefner, class of 1910, Lutheran Hospital, St. Louis, Mo.

On March 22, a daughter, to Mr. and Mrs. Clay Holmes. Mrs. Holmes was Clara V. Peterson, class of 1916, Jewish Hospital, St. Louis, Mo.

On February 1, a daughter, to Mr. and Mrs. Volland. Mrs. Volland was Gertrude Parrich, graduate of the Woman's Hospital, Chicago.

On February 15, a daughter, Margaret Virginia, to Mr. and Mrs. F. Staley. Mrs. Staley was Nellie Daniels, class of 1915, Lutheran Hospital, Ft. Wayne, Ind.

#### MARRIAGES

On March 15, in Denver, Colo., Gail Edith Howard, class of 1915, Lincoln Sanitarium Training School, Lincoln, Neb., to George B. Giffen. Mr. and Mrs. Giffen will live in Denver.

On March 4, in Chickasha, Oklahoma, Helene Nelson, graduate of Chickasha Hospital, to Owen Amdall. Mr. and Mrs. Amdall will live in Idaho.

On December 25, Asenath Haller, class of 1915, Harrisburg Hospital, Harrisburg, Pa., to Alexander McIlhenny. Mr. and Mrs. McIlhenny will live in Penbrook, Pa.

On March 5, Olga Gaross, graduate of Englewood Hospital Training School, Englewood, N. J., to John W. Schaefer. Mr. and Mrs. Schaefer will live in Vancouver, Wash. Miss Gaross served overseas with the United States Army Nurse Corps.

On March 20, in Middletown, Pa., Mary Inez Yingst, class of 1917, Lankenau Hospital, Philadelphia, to John F. Ludt, Jr. Mr. and Mrs. Ludt will live in Philadelphia.

On December 27, Beulah Frances Bray, class of 1918, Holyoke City Hospital, Holyoke, Mass., to William Hollis DeWitt. Mr. and Mrs. DeWitt will live in South Hadley.

On February 25, Margaret Lindale McRee, class of 1918, Holyoke City Hospital, Holyoke, Mass., to Charles E. Whittaker.

On February 23, Christine Ross, class of 1918, Holyoke City Hospital, Holyoke, Mass., to Joseph Lewis.

On April 3, in Valley Forge, Pa., Marguerite McCrea, class of 1915, Montgomery Hospital, Norristown, Pa., to Alfred B. Malon. Mr. and Mrs. Malon will live in Youngstown, Ohio. Miss McCrea was welfare nurse in the Youngstown Sheet & Tube Co., of Youngstown.

Recently, Eleanor Rebecca Ruth, class of 1911, Methodist Episcopal Hospital, Philadelphia, to Van Irad Sullivan. Mr. and Mrs. Sullivan will live in Warren, Ohio.

The following alumnae of Home Hospital, LaFayette, Ind., have been married recently:

May Gentry to Benjamin Dill. Mr. and Mrs. Dill will live in Los Angeles, Cal.

Goldie R. Shiveley to Lacey Stoner. Mr. and Mrs. Stoner will live in Mississippi.

Minnie Alter to Vinol Jackson.

Myrtle Alter to John Ellet.

Florence Fisher to Harry Lance. Mr. and Mrs. Lance will live in LaFayette.

Recently, Alice Watkins, class of 1916, Samaritan Hospital, Philadelphia, to H. J. Pratt. Mr. and Mrs. Pratt will live in Waterford, N. J.

On February 16, in New London, Conn., Mary Agnes Feeney, class of 1916, Lawrence Hospital, New London, to William G. Murphy. Mr. and Mrs. Murphy will live in New London.

On March 11, in Washington, D. C., Katherine Dempster, class of 1905, University of Pennsylvania Hospital, Philadelphia, to William Gwynne Jones. Mr. and Mrs. Jones will live in Roanoke, Va. Miss Dempster has been superintendent of nurses at the McKeesport Hospital, McKeesport, Pa., for the past year. Previous to that she was superintendent of nurses, McKeesport Hospital; superintendent of Presbyterian Hospital, Pittsburgh; after which she was in Red Cross service in Pittsburgh and Philadelphia, in the chapter and division office, and was active in the enrollment of nurses for overseas duty.

Recently, Beatrice Barton, graduate of West Suburban Hospital, Oak Park, Ill., to Wayne Johnson. Mr. and Mrs. Johnson will live in Paw Paw, Mich. Miss Barton was on the staff of the Cook County Rural Nursing Service.

Recently, Olga Scott, class of 1919, St. Lawrence State Hospital, Ogdensburg, N. Y., to Joseph Wood. Mr. and Mrs. Wood will live in Ogdensburg.

In October, at Columbia, Pa., Catherine M. Meisenbach, class of 1919, St. Joseph's Hospital, Lancaster, Pa., to Earle Troopa.

On February 7, in Philadelphia, Elsie Mae Helms, class of 1918, St. Joseph's Hospital, Lancaster, Pa., to Henry Osmon O'Neil. Mr. and Mrs. O'Neil will live in Mt. Joy, Pa.

On March 17, in Peoria, Ill., Emma J. Bean, class of 1903, Proctor Hospital, Peoria, to A. C. Annette. Mr. and Mrs. Annette will live in California.

On March 4, Ethel Thorp, graduate of St. John's Hospital, St. Louis, Mo., to R. C. Phillips.

On February 11, Mary Kenny, graduate of St. John's Hospital, St. Louis, Mo., to W. R. Murphy.

Recently, in Princeton, Mo., Aura Patton, class of 1908, Jewish Hospital, St. Louis, Mo., to John Reuk.

On April 6, Ina Sittou, class of 1919, Jewish Hospital, St. Louis, Mo., to Van W. Russel, of Nokomis, Illinois.

On February 23, in Vladivostok, Siberia, Winnifred V. Gasteyer, class of 1917, Presbyterian Hospital, Chicago, to Edward V. Creevy. Mr. and Mrs. Creevy are in Manila, but will return to Vladivostok. Later they will live in Chicago.

On February 29, Estelle Davis, class of 1919, Wesley Hospital, Chicago, to Mr. Kenneth Maccauley.

Recently, Bea Williamson to Francis J. Scully. Mr. and Mrs. Scully will reside in Bottineau, N. D.

Recently, Chassie M. Johnson to Mr. Tweed. Mr. and Mrs. Tweed will reside in Winkelman, Arizona.

Recently, Johana Peterson to J. R. Hughes. Mr. and Mrs. Hughes will live in Reno, Nevada.

Recently, Lillian G. Hawley to Paul C. Lockhart. Mr. and Mrs. Lockhart will live in Center Point, Iowa.

On February 15, in Salamonia, Ind., Eda Marie Bartling to E. D. Goldsmith. Mr. and Mrs. Goldsmith will live in Waterbury, Conn.

#### DEATHS

On February 21, in the Indianapolis City Hospital, Indianapolis, Ind., Mabel L. Kantz, class of 1907, LaFayette Home Hospital, LaFayette, of pneumonia. Miss Kantz was supervisor of nurses in the Indianapolis City Hospital at the time of her death. For several years she did private duty nursing, and for a year and a half she was visiting nurse in Lafayette, where she gave up the work to go into the service of her country as Red Cross nurse, and was sent to Fox Hills, Staten Island, where she remained thirteen months. During the epidemic in 1918 she was ill of influenza and diphtheria, from which it is thought she never fully recovered. Her body was brought to LaFayette for burial. Her alumnae and associates, professional and social, pay high tribute to her splendid worth as a woman and as a nurse.

On February 3, in Philadelphia, Laura Finer, class of 1910, Samaritan Hospital. Miss Finer was seriously ill for five years, and although a great sufferer was always cheerful and hopeful. Her suffering and the example of her life during these years of pain will ever remain with those who knew her. Miss Finer took an active interest in her alumnae, and was always ready to assist in every possible way. Her friends will miss her, but their loss is her gain.

On February 28, at the Germantown Hospital, Philadelphia, Elizabeth K. Kirk, class of 1910, Germantown Hospital, following an operation. Miss Kirk was a member of Unit No. 5, Naval Base Hospital, and served fifteen months at Brest, France, during the World War. Burial was at her home, Holidaysburg, Pa. She will be greatly missed by her friends and associates.

On February 10, at the Stanford University Hospital, after three days illness of pneumonia, Mrs. Lillian Coburn, night supervisor of the Arroyo Sanatorium, Livermore, Cal. Mrs. Coburn was a graduate of the University Hospital of Pennsylvania, under Jane A. Delano. In 1913, she was the heroine of the Susanville Hospital, Cal., fire, and was awarded the Carnegie and McNeil medals for bravery. When that institution burned, Mrs. Coburn saved the lives of two men, father and son. After carrying the father to safety, though then badly burned herself, she ran to rescue the son. She was beloved by all the nurses and patients at the Arroyo Sanatorium, and will be sadly missed.

On February 24, at Marblehead, Mass., Dora Frances Frawley, class of 1911, Hale Hospital, Haverhill, Mass. Miss Frawley was a very energetic worker,—her buoyant, happy disposition never deserted her. In the sick room she was a marvel. She will be greatly missed by her friends and associates. Burial was in Marblehead.

On March 9, in Omaha, Neb., Carrie B. Kinkoad, one of the pioneer nurses of the city. To Miss Kinkoad the Nebraska State Nurses' Association feels a lasting gratitude. During the earlier days, she worked untiringly upon various committees of the Association, always more than willing to take a big share. Miss Kinkoad was a private duty nurse during most of her nursing life; the last two years were marked with invalidism. Burial took place in Omaha, physicians of the city being her pall bearers.



On March 12, in Springfield, Mass., Olive Williams Nickerson. Mrs. Nickerson was Olive Williams, class of 1916, Franklin County Hospital. After her graduation she did private nursing in Greenfield and Fitchburg. Mrs. Nickerson's death is a sad blow to her relatives and many friends. She is survived by her infant son, John Guilford, who was born March 10.

On March 21, at Montefiore Hospital, Pittsburgh, Pa., Emma E. Beyers, a former resident of Latrobe, of pneumonia. Miss Beyers was a graduate of Montefiore Hospital, class of 1915. She had done private duty nursing, and during the war served as a Red Cross nurse in the States. She was a devoted and conscientious nurse, greatly loved by her many patients and professional associates. Her loss is deeply felt by all who knew her.

On February 8, in Oklahoma City, Okla., after an illness of three days, Dorothy Seton, graduate of the Methodist Hospital, Guthrie, Okla. Miss Seton served with the Chicago surgical unit in 1915. After serving some time with the British Army she entered the service with the A. E. F.

On February 18, in Guthrie, Okla., Madeline Askew, graduate of the Methodist Hospital, Guthrie. Miss Askew had been ill for over a year, but her death came as a shock to her many friends, as she went to sleep and did not waken.

On February 16, at Palatine, Ill., Anna Sandman died suddenly, following an operation for appendicitis. Miss Sandman graduated in the class of 1917 from the West Side Hospital of Chicago and from that time until her death, was engaged in private nursing. She will be very much missed by her many friends and associates.

On April 3, in Hamilton, Ohio, of pneumonia, Mary Witham, a student nurse of Mercy Hospital, Hamilton.

In December, in Flint, Mich., Mary A. Ricker Bender. Mrs. Bender was a graduate of St. Joseph's Hospital, Lancaster, Pa., class of 1916.

On March 31, in Arkon, Ohio, Mrs. Earl Lepley. Mrs. Lepley was Margaret Cox, class of 1918, Allegheny General Hospital, Pittsburgh.

Recently, in Monroe, Wis., of tuberculosis, Leeta Freutel, class of 1914, St. Luke's Hospital, Chicago.

On February 28, in Monroe, Wisconsin, Mary Ellen Gunther, class of 1915, Presbyterian Hospital, Chicago. Miss Gunther died of pneumonia in the Deaconess Hospital, being sick only thirty hours. She was a faithful, conscientious nurse, much loved by all who knew her.

On October 27, at Hartford Hospital, Hartford, Conn., Augusta E. Andrews. She graduated from Bellevue Hospital in 1878 and went to Boston to be associated with Miss Linda Richards in starting the Boston City Hospital training school. There were only two graduates at that time as head nurses of wards. After two years she went to St. Barnabas Hospital, Minneapolis, remaining about eighteen months. After a period at the Lawrence (Mass.) General, she resigned, expecting to join her sister, also a graduate nurse, in China, but for family reasons was hindered. She then took up private work in Boston, after which she took charge of the hospital at Fall River, Mass. Later she went to Philadelphia in charge of the Visiting Nurses' Association; then as night supervisor at the University Hospital (Philadelphia), where she was associated with Miss M. E. P. Davis and Miss Jane Delano. She returned to Boston to be with Miss Linda Richards in the New England Hospital for Women. Miss Andrews contracted a cold in Boston which resulted in a long illness, and for seventeen years she had been a patient in Hartford Hospital.

## BOOK REVIEWS

IN CHARGE OF  
GRACE H. CAMERON, R.N.

**THE NARCOTIC DRUG PROBLEM.** By Ernest S. Bishop, M.D.; F. A. C. P.  
The Macmillan Company, New York. Price, \$1.50.

Dr. Bishop, who has had many opportunities for observation and study, presents the subject of drug addiction in an entirely new phase. We are informed that what was once known as a "vice" or "habit" is rather a disease representing definite conditions which are absolutely and entirely due to changed physical processes. The hypothesis adopted by the author is "that an antidotal substance is manufactured by the body as a protection against the poisonous effects of narcotic drugs constantly administered. Such a substance, manufactured in the body, being antidotal to morphine, might well possess toxic properties of its own." Such an hypothesis will explain the stages of development; the symptoms following withdrawal of the drug; and the relapses after a so-called "cure." In this study only narcotic or opiate addiction is considered. And for this unfortunate group, in the new light of Dr. Bishop's solution, there is hope for the alleviation of much suffering, both mental and physical. The author would start a crusade of widespread education. He does not consider this theory as final, but urges that "all possible forces should be encouraged to the work of study and investigation and education." The book is interesting in its detailed exposition of the study of this world-wide problem.

**OUR NERVOUS FRIENDS.** Illustrating the Mastery of Nervousness.  
By Robert S. Carroll, M.D. The Macmillan Company, New York.  
Price, \$2.00.

The Mastery of Nervousness, based upon the re-education of self, was published in 1918. The theme of the book was humanity's adjustment to things, people, and self. In a practical way was recommended a common-sense living—simple diet, mental and physical exercise, and a proper control of the emotions. In the present volume real people, whose lives have been made unhappy from morbid mental habits, and who have suffered much because of physical ills developed from errors of living, are pictured. It is a forceful illustration of the principles advocated in *The Mastery of Nervousness*. The author uses the narrative style and makes a bit of a story. In this interesting way many truths are convincingly displayed; and in the clear, definite portrayal of his characters, lessons in right living are revealed. As a companion to the former volume it is indispensable. As a volume by itself, it is full of interest and vital truths.

